<u>INSTRUCTIONS FOR COMPLETION OF DD FORM 1172-2, "APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT"</u>

The DD Form 1172-2 shall be used to apply for issuance of a DD Form 2 (Reserve, Retired, and Reserve Retired), a DD Form 1173, a DD Form 1173-1, a DD Form 2764, a DD Form 2765, and a Common Access Card (CAC) for eligible individuals who are not enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). The DD Form 1172-2 shall also be used to enroll eligible individuals in DEERS or to update an eligible individual's DEERS record. Retention and disposition of the DD Form 1172-2 shall be in accordance with uniformed services' regulatory instructions.

Notes:

- DoD sponsors enrolling their dependents in DEERS should complete Sections I, II, and IV.

- DoD sponsors updating their own status or adding a personnel condition impacting benefits (e.g., overseas assignment) should complete Sections I and II.

- Eligible employees applying for a CAC should complete Sections I and II (and Section IV if a Foreign Affiliate on orders to the U.S. with authorized dependents). The DD Form 1172-2 should then be provided to a DoD sponsor for authorization and completion of Section III.

- DoD personnel sponsoring an eligible individual for a CAC should complete Section III.

- For certain populations, a paper form will not be required (e.g., populations entered into RAPIDS via the Trusted Associate Sponsorship System (TASS)).

- A DD Form 577 (signature card) must be on file at the issuing site for CAC applicants using the DD Form 1172-2 for enrollment.

SECTION I – SPONSOR/EMPLOYEE INFORMATION

   <u>Block 1. Name</u>. Enter the sponsor/employee's LAST name first, enter the FIRST name, and then enter the MIDDLE initial or the full MIDDLE name. Use no more than 51 characters.
   - The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial.
   - The name cannot contain any special characters nor is any punctuation permitted.

   <u>Block 2. Gender</u>. Enter the sponsor/employee's gender from the valid codes listed in Table 1. Use one character.

<div align="center">Table 1. Gender Abbreviations</div>

CODE	GENDER

| M | Male |
| F | Female |

Block 3. Social Security Number (SSN) or DoD Identification (ID) Number. Enter the sponsor/employees' SSN or DoD ID Number.

- In cases where an employee has not been issued an SSN or DoD ID Number, an ITIN can be provided.
- If neither number is available, a Foreign Identification Number (FIN) will be generated by the system. A FIN (assigned as 900-00-0000F and up) will be assigned and automatically generated for eligible foreign nationals who do not have an SSN.
- An SSN or ITIN is the preferred identifier for initial enrollment. Only in cases where neither is available should an alternate be used.

> For Verifying Officials: If an SSN or DoD ID Number is already registered in DEERS for another individual, STOP processing and verify the number. If verification confirms duplication of the SSN by the Social Security Administration, continue processing and the system shall automatically generate a duplicate control number for the additional sponsor/employee.

Block 4. Status. Enter the sponsor/employee's status from the valid codes listed in Table 2. If unsure of status, leave blank. Use no more than six characters.

Table 2. Status Codes

CODE	STATUS
ACADMY	Academy or Navy Officer Candidate School (OCS) Student
AD	Active duty (excluding Guard and Reserve on extended active duty for more than 30 days)
AD-DEC	Active duty deceased
CIV	Civilian
CONTR	Contractor
DAVDEC	100-percent disabled veteran deceased (either temporary (TMP) or permanent (PRM)
DAVPRM	100-percent disabled veteran, permanent disability
DAVTMP	100-percent disabled veteran, temporary disability
FP	Foreign military personnel
FMRMR	Former member who is in receipt of retired pay for non-regular service but who has been discharged from the Service and maintains no military affiliation
FMRDEC	A former member who qualified for retired pay for non-regular service at his or her sixtieth birthday, before his or her discharge from the Service, but died while in receipt of retired pay
GRD	National Guard (all categories)
GRDDEC	National Guard deceased
GRD-AD	Guard on extended active duty for more than 30 days
MH	Medal of Honor recipient
MH-DEC	Medal of Honor recipient deceased
OTHER	Non-DoD eligible beneficiaries (including credit union employees, and other civilians employed in support of U.S. forces overseas, who are authorized benefits and privileges)
PDRL	Retired member, on the Permanent Disability Retired List (PDRL)
PR-APL	Prisoner or Appellate leave
RCL-AD	Recalled to active duty
RES	Reserve (all categories)

RES-AD	Reserve members on extended active duty for more than 30 days
RESDEC	Reserve deceased
RESRET	National Guard and Reserve members who retire, but are not entitled to retired pay until age 60
RET	Retired member entitled to retired pay
RETDEC	Deceased retired member entitled to retired pay. Code applies to active duty retired, Retired Reserve beginning on their 60th birthday, the TDRL, and the PDRL.
SSB	Special Separation Benefits (SSB) recipient member with 120 days medical benefits (CHAMPUS/TRICARE and MTF)
TDRL	Retired member, on the TDRL
TA-RES	Selected Reserve Transition Assistance Management Program members and their eligible dependents
TA-30	Involuntarily separated member of Reserve or Guard Component entitled to 30 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-60	Involuntarily separated member with 60 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-120	Involuntarily separated member with 120 days medical benefits (CHAMPUS/TRICARE and MTF)
VSI	Voluntary Separation Incentive (VSI) recipient with 120 days medical benefits (CHAMPUS/TRICARE and MTF)

Block 5. Organization. Enter the sponsor/employee's organization, branch, or service from the valid codes listed in Table 3. Use no more than five characters.

Table 3. Organization/Branch/Service Codes

CODE	ORGANIZATION/BRANCH/SERVICE
USA	U.S. Army
USAF	U.S. Air Force
USN	U.S. Navy
USMC	U.S. Marine Corps
USCG	U.S. Coast Guard
USPHS	U.S. Public Health Service
NOAA	National Oceanic and Atmospheric Administration
DoD	Department of Defense
FED	Employee of an Agency other than DoD
OTHER	Used when the sponsor/employee is not affiliated with one of the uniformed services listed above

Block 6. Pay Grade. Enter the sponsor/employee's pay grade from the valid codes listed in Table 4. Use no more than four characters.

Table 4. Pay Grade Codes

CODE	PAY GRADE
El-E9	Enlisted pay grades 1 through 9
W1-W5	Warrant officer pay grades 1 through 5
STDT	Academy and/or Navy OCS student (ENTER PAY GRADE IF STDT RECEIVING PAY)
001-011	Officer pay grades 1 through 11 (011 is reserved)
GS01-GS18	Federal employees with General Schedule pay grades
NF1-NF6	Federal employees with Nonappropriated Fund pay grades

OTHER	Other (non-uniformed service) pay grades not defined above, to include all contractors
N/A	Not applicable. Use this code with the Block 4 status codes of "FMRMR" or FMRDEC"

Block 7. GEN. CAT (Geneva Convention Category). Leave this block blank. This block is automatically generated by DEERS/RAPIDS with the valid codes listed in Table 5.

Table 5. GEN CAT

CODE	GEN CAT
I	Category I (pay grades E1 through E4)
II	Category II (pay grades E5 through E9)
III	Category III (pay grades W1 through 003 and/or Cadets and/or Midshipmen)
IV	Category IV (pay grades 004 through 006)
V	Category V (pay grades 007 through 011)
N/A	Not applicable (non-protected personnel)

Block 8. Citizenship. Enter the sponsor/employee's appropriate country of citizenship from the valid codes listed in Table 6. Use two characters.

Table 6. Country Abbreviations

COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE
Afghanistan	AF	Benin	BN	China	CH
Albania	AL	Bermuda	BD	Christmas Island	KT
Algeria	AG	Bhutan	BT	Clipperton Islands	IP
America Samoa	AQ	Bolivia	BL	Cocos (Keeling) Islands	CK
Andorra	AN	Bosnia and Herzegovina	BO		
Angola	AO			Colombia	CO
Anguilla	AV	Botswana	BC	Comoros	CN
Antarctica	AY	Bouvet Island	BV	Cook Islands	CW
Antigua and Barbuda	AC	Brazil	BR	Coral Sea Islands	CR
Argentina	AR	British Indian Ocean Territory	IO	Costa Rica	CS
Armenia	AM			Cote Dtvoire	IV
Aruba	AA	British Virgin Islands	VI	Croatia	HR
Ashmore and Cartier Islands	AT	Brunei	BX	Cuba	CU
		Bulgaria	BU	Cyprus	CY
Australia	AS	Burkina	UV	Czech Republic	EZ
Austria	AU	Burma	BM	Denmark	DA
Azerbaijan	AJ	Burundi	BY	Djibouti	DJ
Bahamas, The	BF	Cambodia	CB	Dominica	DO
Bahrain	BA	Cameroon	CM	Dominican Republic	DR
Baker Island	FQ	Canada	CA	Ecuador	EC
Bangladesh	BG	Cape Verde	CV	Egypt	EG
Barbados	BB	Cayman Islands	CJ	El Salvador	ES
Bassas Da India	BS	Central African Republic	CT	Equatorial Guinea	EK
Belarus	BO			Eritrea	ER
Belgium	BE	Chad	CD	Estonia	EN
Belize	BH	Chile	CI	Ethiopia	ET

COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE
Europa Island	EU	Juan De Nova Island	JU	Northern Mariana Islands	CQ
Falkland Islands (Islas Malvinas)	FK	Kazakhstan	KZ	Norway	NO
Faroe Islands	FO	Kenya	KE	Oman	MU
Federated States of Micronesia	FM	Kingman Reef	KQ	Pakistan	PK
		Kiribati	KR	Palmyra Atoll	LQ
Fiji	FJ	Korea, Democratic	KN	Panama	PM
Finland	FI	Korea, Republic of	KS	Papua New Guinea	PP
France	FR	Kuwait	KU	Paracel Islands	PF
French Guiana	FG	Kyrgyzstan	KG	Paraguay	PA
French Polynesia	FP	Laos	LA	Peru	PE
French Southern and Antarctic Lands	FS	Latvia	LG	Philippines	RP
		Lebanon	LE	Pitcairn Islands	PC
Gabon	GB	Lesotho	LT	Poland	PL
Gambia, The	GA	Liberia	LI	Portugal	PO
Gaza Strip	GZ	Libya	LY	Puerto Rico	RQ
Georgia	GG	Liechtenstein	LS	Qatar	QA
Germany	GM	Lithuania	LH	Reunion	RE
Ghana	GH	Luxembourg	LU	Romania	RO
Gibraltar	GI	Macau	MC	Russia	RS
Glorioiso Islands	GO	Macedonia	MK	Rwanda	RW
Greece	GR	Madagascar	MA	St. Kitts and Nevis	SC
Greenland	GL	Malawi	MI	St. Helena	SH
Grenada	GJ	Malaysia	MY	St. Lucia	ST
Guadeloupe	GP	Maldives	MV	St. Pierre and Miquelon	SB
Guam	GQ	Mali	ML	St. Vincent and the Grenadines	VC
Guatemala	GT	Malta	MT		
Guernsey	GK	Man, Isle of	IM	San Marino	SM
Guinea	GV	Marshall Islands	RM	Sao Tome and Principe	TP
Guinea-Bissau	PU	Martinique	MB	Saudi Arabia	SA
Guyana	GY	Mauritania	MR	Senegal	SG
Haiti	HA	Mauritius	MP	Serbia	SR
Heard Island and McDonald Islands	HM	Mayotte	MF	Seychelles	SE
		Mexico	MX	Sierra Leone	SL
Honduras	HO	Midway Islands	MQ	Singapore	SN
Hong Kong	HK	Moldova	MD	Slovakia	LO
Howland Island	HQ	Monaco	MN	Slovenia	SI
Hungary	HU	Mongolia	MG	Solomon Islands	BP
Iceland	IC	Montenegro	MW	Somalia	SO
India	IN	Montserrat	MH	South Africa	SF
Indonesia	ID	Morocco	MO	South Georgia and the South Sandwich Islands	SX
Iran	IR	Mozambique	MZ		
Iraq	IZ	Namibia	WA	Spain	SP
Ireland	EI	Nauru	NR	Spratly Islands	PG
Israel	IS	Navassa Island	BQ	Sri Lanka	CE
Italy	IT	Nepal	NP	Sudan	SU
Ivory Coast	IV	Netherlands	NL	Surinam	NS
Jamaica	JM	Netherlands Antilles	NA	Svalbard	SV
Jan Mayen	JN	New Caledonia	NC	Swaziland	WZ
Japan	JA	New Zealand	NZ	Sweden	SW
Jarvis Island	DQ	Nicaragua	NU	Switzerland	SZ
Jersey	JE	Niger	NG	Syria	SY
Johnston Atoll	JQ	Nigeria	NI	Taiwan	TW
Jordan	JO	Niue	NE	Tajikstan	TI
		Norfolk Island	NF		

COUNTRY	CODE
Tanzania	TZ
Thailand	TH
Togo	TO
Tokelau	TL
Tonga	TN
Trinidad and Tobago	TD
Tromelin Island	TE
Trust Territory of the Pacific Islands (Palau)	PS
Tunisia	TS
Turkey	TU
Turkmenistan	TX

COUNTRY	CODE
Turks and Caicos Islands	TK
Tuvalu	TV
Uganda	UG
Ukraine	UP
United Arab Emirates	TC
United Kingdom	UK
United States	US
Uruguay	UY
Uzbekistan	UZ
Vanuatu	NH
Vatican City	VT

COUNTRY	CODE
Venezuela	VE
Vietnam	VM
Virgin Islands	VQ
Wake Island	WQ
Wallis and Futuna	WF
West Bank	WE
Western Sahara	WI
Western Samoa	WS
Yemen (Aden)	YM
Zambia	ZA
Zimbabwe	ZI

Block 9. Date of Birth. Enter the sponsor/employee's date of birth, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD). Use nine characters.

Block 10. Place of Birth. Enter the sponsor/employee's place of birth, including city, state, and country, if outside the United States.
- Enter the state of the sponsor/employee's place of birth from the valid codes listed in Table 7.
- If place of birth is a foreign country, enter the country from the valid codes listed in Table 6.

Table 7. State Abbreviations

STATE	CODE
Europe & Canada	AE
Alabama	AL
Pacific	AP
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Guam	GU
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA

STATE	CODE
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH

STATE	CODE
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South & Central America	AA
South Carolina	SC
South Dakota	SD
Tennessee	TN
Federated States of Marshall Islands, Palau	TT
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Virgin Islands	VI
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

Block 11. Current Home Address. Enter the number and street of the sponsor/employee's current residence address. Use no more than 27 characters.
- If sponsor is deceased or if address is unknown, leave blank.

Block 12. City. Enter the sponsor/employee's current city of residence. Use no more than 18 characters.
- If the sponsor/employee's address is an Army Post Office (APO) or a Fleet Post Office (FPO), enter the designation APO or FPO.
- If the sponsor is deceased or city is unknown, leave blank.

Block 13. State. Enter the correct U.S. postal code for the state of the sponsor/employee's residence from the valid codes listed in Table 7. Use two characters.
- If the sponsor/employee's address is an APO or FPO, enter the correct APO or FPO State.
- If the sponsor/employee lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX."
- If the sponsor is deceased or if the state is unknown, leave blank.

Block 14. ZIP Code. Enter the correct nine-digit ZIP code of the sponsor/employee's current residence address in the following format: "123456789." Use no more than nine characters.
- If the last four digits are unknown, enter four zeros (0000); e.g., "123450000."
- If the sponsor/employee does not reside in one of the 50 states, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP code, or APO or FPO number.
- If the sponsor is deceased or if the ZIP code is unknown, leave blank.

Block 15. Country. Enter the sponsor/employee's correct country of residence from the valid abbreviations listed in Table 6. Use two characters.
- If the sponsor/employee's address is an APO or FPO, the country must be "US."
- If country is unknown, leave blank.

Block 16. Primary E-mail Address. Enter the sponsor/employee's work e-mail address as applicable.
- This block may be left blank.

Block 17. Telephone Number. Enter the sponsor/employee's current residence, duty, or business telephone number beginning with the area code. Use no more than 10 characters.
- Do not use punctuation to separate area code, prefix, and basic number.
- This block may be left blank.

Block 18. City of Duty Location. Enter the city of the sponsor/employee's duty location.

Block 19. State of Duty Location. Enter the correct U.S. postal code for the state of the sponsor/employee's duty location from the valid codes listed in Table 7. Use two characters.
- If the sponsor/employee's address is an APO or FPO, enter the correct APO or FPO State.

- If the sponsor/employee lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX."
- If the sponsor is deceased or if the state is unknown, leave blank.

Block 20. Country of Duty Location. Enter the correct country of the sponsor/employee's duty location from the valid codes listed in Table 6. Use two characters.
- If the country is not listed, leave blank.

SECTION II – SPONSOR/EMPLOYEE DECLARATION AND REMARKS

Block 21. Remarks. Enter the method of verification and further explanation of qualifying status.
- Qualifying status may include SF 52, sponsoring agency, and period of DEERS enrollment, or other appropriate comments, such as particular work assignment.
- This section may be left blank, or prepopulated by the Verifying Official.

Block 22. Sponsor/Employee Signature. Block must contain the sponsor/employee's signature.
- When the DD Form 1172-2 is not signed in the presence of the authorizing or Verifying Official at the time of DEERS enrollment, the signature must be notarized. The notary seal and signature should be placed in the right margin of Block 21.
- The following exceptions to this requirement are authorized:
  1. Unremarried or unmarried former spouses shall sign for themselves.
  2. When the sponsor is deceased, the survivors shall sign for themselves.
  3. When the sponsor is unavailable for signature, the Verifying Official shall ensure that the dependency between the sponsor and family member exists. The Verifying Official shall follow the guidance provided in the applicable Uniformed Service regulation.

Block 23. Date Signed.   Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), that the DD Form 1172-2 Block 22 was signed.

SECTION III – AUTHORIZED BY (DoD CAC Sponsors Only)

Block 24. Sponsoring Office Name. Enter the name of the organization the employee works for or is assigned to.
- The sponsoring official shall be a uniformed service member, or civilian employee working for the sponsoring organization.

Block 25. Contract Number. Enter the contract number for the purposes of entry into the TASS.

Block 26. Sponsoring Office Address. Enter the number and street, city, state, zip code, and country code of the employee's sponsoring office address. See Table 6 for country codes and Table 7 for state abbreviations.

Block 27. Sponsoring Office Telephone Number. Enter the sponsoring office telephone number beginning with the area code. Use no more than 14 characters.
• Do not use punctuation to separate area code, prefix, and basic number.

Block 28. Office Email Address. Enter the employee's office e-mail address, as applicable.

Block 29. Overseas Assignment. Enter the employee's country of assignment. See Table 6 for country codes.
• Obtain this information from the employee's Travel Authorization.

Block 30. Overseas Assignment Begin Date. Enter the employee's effective begin date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), for the overseas assignment.
• Obtain this information from the employee's Travel Authorization.

Block 31. Overseas Assignment End Date. Enter the sponsor/employee's effective end date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), of the overseas assignment.
• The period of employment may be obtained from the employee's Travel Authorization.

Block 32. Eligibility Effective Date. Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), the employee's qualifying status begins.

Block 33. Eligibility Expiration Date. Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYMMMDD), the employee's qualifying status ends, not to exceed three years.

Block 34. Sponsoring Official Name. Enter the name of the sponsoring official. Use no more than 51 characters.

Block 35. Unit/Organization Name. Enter the unit and/or command name for the sponsoring official. Use no more than 26 characters.

Block 36. Title. Enter the sponsoring official's title. Use no more than 24 characters.

Block 37. Pay Grade. Enter the sponsoring official's pay grade. Use no more than four characters.

Block 38. Signature. The sponsoring official must sign in that block.

Block 39. Date Verified. Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), that the DD Form 1172-2 Block 38 was signed.

SECTION IV – DEPENDENT INFORMATION

Section A (Blocks 40-51)

Block 40. Name. Enter the dependent's LAST name first, enter the FIRST name, and then enter the MIDDLE initial or the full MIDDLE name. Use no more than 51 characters.
- The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial.
- The name cannot contain any special characters nor is any punctuation permitted.

Block 41. Gender. Enter the dependent's gender from the valid codes listed in Table 1. Use one character.

Block 42. Date of Birth. Enter the dependent's date of birth, four-digit year, three alpha character month, and two-digit day format (YYYYMMMDD).

Block 43. Relationship. Enter the dependent's relationship to the sponsor from the valid abbreviations listed in Table 9.

Table 9. Relationship Codes

CODE	RELATIONSHIP
CH	Child
DB	DoD Beneficiary
FC	Foster Child
PAR	Parent
PL	Parent-in-law
PACH	Pre-adoptive Child
SP	Spouse
SC	Stepchild
STP	Stepparent
SPL	Stepparent-in-law
UMW	Unmarried Widow(er)
URW	Unremarried Widow(er)
WARD	Ward

Block 44. SSN or DoD ID Number. Enter the dependent's SSN, DoD ID number, ITIN or temporary identification number (TIN).
- A TIN will be automatically generated by RAPIDS and assigned for categories of beneficiaries who do not yet have SSNs, such as newborns and foreign spouses, awaiting an SSN, or for those who do not have and are not eligible for an SSN. Direct care at military treatment facilities will be suspended if an SSN is not provided within 270 days.

- For initial enrollment an SSN, ITIN or TIN is preferred, and an alternate should not be used unless the SSN, ITIN or TIN is unavailable.

Block 45. Current Home Address. Enter the number and street of the dependent's current residence address.

Block 46. City. Enter the dependent's current city of residence.
- If the dependent's address is an APO or FPO, enter the designation APO or FPO.

Block 47. State. Enter the correct U.S. postal code for the state of the dependent's residence from the valid codes listed in Table 7. Use two characters.

Block 48. Zip Code. Enter the correct nine-digit ZIP Code of the dependent's current residence address in the following format: "123456789."
- If the last four digits are unknown, enter four zeros (0000); e.g., "123450000."
- If the dependent does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP Code, or APO or FPO number.

Block 49. Country. Enter the dependent's correct country of residence from the valid abbreviations listed in Table 6. Use two characters.
- If the dependent's address is an APO or FPO, the country must be "US."
- If country is unknown, leave blank.

Block 50. Eligibility Effective Date. Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), the when the dependent's qualifying status began.

Block 51. Eligibility Expiration Date. Leave blank.

Sections B (Blocks 52-63). Enter information following the instructions in Section A.

SECTION V

Block 64. Signature. Card recipient must sign in the block. If the recipient is incapable of signing, the condition must be indicated in that block.

Block 65. Date Issued. Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD), the recipient acknowledged receipt of the ID card. Use nine characters.