

MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY <input type="checkbox"/>		APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT				OMB No. 0704-0415 OMB approval expires Apr 30, 2007			
SECTION I EMPLOYEE INFORMATION	1. NAME (Last, First, Middle)				2. SEX	3. SSN		4. STATUS	5. ORGANIZATION
	6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH (YYYYMMDD)		10. PLACE OF BIRTH		11. LAST UPDATE (YYYYMMDD)	12. V/I
	13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION			
	15. CITY		16. STATE	17. ZIP CODE		18. COUNTRY	19. OFFICE E-MAIL ADDRESS		
	20. CITY OF DUTY LOCATION		21. STATE OF DUTY LOCATION		22. COUNTRY OF DUTY LOCATION		23. ALTERNATIVE E-MAIL ADDRESS		
	24. SPONSORING OFFICE NAME							25. CONTRACT NUMBER	
	26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)							27. SPONSORING OFFICE TELEPHONE NUMBER	
	28. SUPPLEMENTAL ADDRESS INFORMATION							29. OVERSEAS ASSIGNMENT (Country)	
	30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)			32. TYPE OF CARD ISSUED		
	33. ELIG ST/EFF DATE (YYYYMMDD)			34. CARD EXPIRATION DATE (YYYYMMDD)			35. SUPPLEMENTAL ASSIGNMENT INFORMATION		
SECTION II EMPLOYEE DECLARATION AND REMARKS	36. REMARKS (Cite legal documentation, as applicable.)								NOTARY SIGNATURE AND SEAL
	I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)								
	37. SIGNATURE							38. DATE SIGNED (YYYYMMDD)	
SECTION III AUTHORIZED/VERIFIED BY	I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires a CAC in the performance of their duties with the Uniformed Services.								
	39. TYPED NAME (Last, First, Middle)				40. UNIT/ORGANIZATION NAME				
	41. TITLE		42. PAY GRADE	43. DUTY PHONE NO.		44. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code)			
	45. SIGNATURE		46. DATE VERIFIED (YYYYMMDD)						
SECTION IV ISSUED BY	47. TYPED NAME (Last, First, Middle)				48. PAY GRADE		49. UNIT/COMMAND NAME		
	50. TITLE		51. UIC	52. DUTY PHONE NO.		53. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
	54. SIGNATURE		55. DATE ISSUED (YYYYMMDD)						
SECTION V RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								
	56. SIGNATURE							57. DATE ISSUED (YYYYMMDD)	

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0415). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended.

PRINCIPAL PURPOSE(S): To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized, for DoD benefits or privileges. To authenticate the identity of the authorizing/verifying official for security or auditing purposes.

ROUTINE USE(S): To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits and privileges if otherwise authorized.

[For contractor personnel who are not required to have a National Agency Check only: Failure to provide a social security number will not result in denial of the Card, enrollment in DEERS, access to facilities or networks, or if eligible for, receipt of DoD benefits and privileges (other than non-emergency health care services), provided alternative means of identification (original birth certificate, passport, etc.) are voluntarily furnished upon request. However, submission of alternative identification may cause substantial delays; and if not provided, may result in denial of the Card, non-enrollment, refusal of access, and denial of benefits and privileges.]

INSTRUCTIONS

Instructions for the DD Form 1172-2 can be found at:

http://www.dmdc.osd.mil/smartcard/docs/1172-2_Instructions.pdf