

Division / Flotilla: 054-23-01

Renewal:

Replacement:

Member Identification Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name, Middle Initial: \_\_\_\_\_

Base Enrollment Date: \_\_\_\_\_

Status:  IQ     BQ     AUXOP

Date of Birth: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_ (inches)

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Blood Type: \_\_\_\_\_ (leave blank unless you are sure)

Comments / Additional Information (If member does not have an id card because it was lost, stolen or destroyed he/she must provide a statement explaining the circumstances as to what happened to his/her old card.):

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Submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_