


<b>Naval Support Activity Bethesda PASS AND ID OFFICE</b>    <b>ID CARD AND VEHICLE PASS APPLICATION</b>	<b>1. Last Name of Member or Sponsor</b>			<b>2. First Name</b>			<b>3. Middle Initial</b>		
	4. Social Security Number			5. Passport # (if Foreign National)			6. County (if Foreign National)		
	7. Rank / Paygrade		8. Rate / Specialty			9. Branch of Service		10. Officer Corps	
	11. Command		12. Department			13. Title			
	14. PRD (Military Projected Rotation Date)			15. CAC / Military ID Expiration Date		16. Base Access Badge Expiration Date			
17. Home Phone		18. Work Phone		19. Mobile Phone		20. Email Address			
21. Home Address			22. City			23. State		24. Zip Code	
25. Date of Birth		26. Gender	27. Height		28. Weight		29. Hair Color		30. Eye Color
31. Ethnic Description (Please Circle)			32. Status (Please Circle)						
Unknown/Other    Black, Hispanic    Pacific Islander American Indian    Black, Non-Hispanic    White, Hispanic Asian, Oriental    Hispanic    White, Non-Hispanic			Active Duty    Civilian Permanent    MWR Employee    Volunteer    Visitor Reservist    Contract Temporary    NEX Employee    Vendor Civilian Temporary    Contract Employee    CDC Employee    Retired						
33. Temporary Assignment End Date			Other: _____						
34. Mass Transit Benefits?		35. Driver's License #			36. Driver's License State		37. Driver's License Expiration Date		

**Dependent's Information**

<b>38. Dependent's Social Security #</b>		<b>39. Dependent's Last Name</b>		<b>40. Dependent's First Name</b>		<b>41. Dependent's Middle Initial</b>	
42. Home Address			43. City		44. State		45. Zip Code

<b>VEHICLE # 1</b>	VIN		Color	Make		Model	Year
	License Plate #		State Registered	Insurance Company		Policy #	
	DoD Decal #		Expires		Parking Assignment		Parking Sticker #
<b>VEHICLE # 2</b>	VIN		Color	Make		Model	Year
	License Plate #		State Registered	Insurance Company		Policy #	
	DoD Decal #		Expires		Parking Assignment		Parking Sticker #

Batch # \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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<b>VEHICLE # 3</b>	VIN	Color	Make	Model	Year
	License Plate #	State Registered	Insurance Company	Policy #	
	DoD Decal #	Expires		<i>Parking Assignment Not Authorized for More Than Two Vehicles!</i>	

<b>VEHICLE # 4</b>	VIN	Color	Make	Model	Year
	License Plate #	State Registered	Insurance Company	Policy #	
	DoD Decal #	Expires		<i>Parking Assignment Not Authorized for More Than Two Vehicles!</i>	

**Additional comments:** \_\_\_\_\_

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**PRIVACY ACT STATEMENT**

Title 5 of the U.S Code authorizes collection of this information. The primary use of this information is by management and by the Pass and ID Office. This information may be used to approve access to the installation and granting of parking privileges. Additional disclosures of the information may be used for statistical purposes and in the course of a lawful investigation.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Completion of this form is mandatory for military members. For civilians, furnishing information on this form, including your Social Security Number is voluntary, but failure to do so will result in denial of services.

I have read the Privacy Act Statement. I certify that all information I have provided on the front and back of this form is correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FOR PASS AND ID USE ONLY**

Entered into Pass & ID System by: \_\_\_\_\_

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

Entered into CLEOC by: \_\_\_\_\_

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