


Naval Support Activity Bethesda PASS AND ID OFFICE  ID CARD AND VEHICLE PASS APPLICATION	1. Last Name of Member or Sponsor		2. First Name		3. Middle Initial				
	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) Unknown/Other Black, Hispanic Pacific Islander American Indian Black, Non-Hispanic White, Hispanic Asian, Oriental Hispanic White, Non-Hispanic				32. Status (Please Circle) Active Duty Civilian Permanent MWR Employee Volunteer Visitor Reservist Contract Temporary NEX Employee Vendor Civilian Temporary Contract Employee CDC Employee Retired Other: _____					
33. Temporary Assignment End Date									
34. Mass Transit Benefits?		35. Driver's License #			36. Driver's License State		37. Driver's License Expiration Date		

Dependent's Information

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

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

Batch # _____

Last Name	First Name	Middle Initial
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VEHICLE # 3	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>		

VEHICLE # 4	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: _____

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: _____