

The Virginia Defense Force

APPLICATION FOR IDENTIFICATION CARD

TO BE FILLED IN BY ISSUING AUTHORITY

		Date of Issue:	Expiration Date:	Card Serial Number:
1. Last Name, First, Middle				
2. Address:				
3. Home Phone		4. Office Phone		5. Date of Application
6. Check Reason for Requesting Card				
Initial Issue		Change of Identification or Grade		
Replace Lost card		Transfer to reserve components		
Replace Mutilated Card		Retirement (<i>Specify type</i>)		
Expiration		Other (<i>Specify</i>)		
Reenlistment		If replacing lost card, state circumstances under which card was lost (Continue in "Remarks")		
Correct an error				
Entry on Active Duty				
For more than 30 days				
7. Grade (see reverse)		8. Social Security No.		Signature of Approving Authority
9. Date of Birth		10. Weight		
11. Height		12. Color of Hair		
13. Color of Eyes		14. Blood Type		
				Signature of Applicant
				Date Acknowledged

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