

Identification Card / Credential Application

You may fill out this form either manually or electronically.

To fill out manually, print out a blank form, fill it out, and submit it.
 To fill out electronically: Retrieve the blank form, "Save as" the employee's name.
 Fill out the form, save, and print.
 (Check boxes can be marked with a typed "x" or a left-click of the mouse.)

Application For: ID Media Credentials

Application for Identification Media or Credentials					
Last Name	First Name	Middle Name	Social Security Number		
DOT Administration/Agency	Org. Seg. (OST only) Line of Business (FAA only)	Date/Place of Birth		<input type="checkbox"/> M <input type="checkbox"/> F Sex (M/F)	
ft. in.	lbs.	Hair Color	Eye Color	Citizenship	
Height	Weight				
Office Routing Symbol	Office Phone Number(s)	Office (Street) Address			
-----Contractors Only-----					
Office e-mail address	Contractor Company	Contract Number	Contracting Officer (printed)		
----- Reason for Issuance -----					
<input type="checkbox"/> New ID Media or Credential		<input type="checkbox"/> Lost <input type="checkbox"/> Damaged	<input type="checkbox"/> Stolen <input type="checkbox"/> Expired	<input type="checkbox"/> Other (Specify):	
----- Application for Credentials Only -----					
New Credential Request Type: <input type="checkbox"/> Executive <input type="checkbox"/> Official <input type="checkbox"/> Other			Position title to appear on the credential		
Credential Justification/Remarks					
----- Applicant Signature -----					
<input type="checkbox"/> Permanent <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Other:		Signature of Applicant		Date of Application	
Employee Type					
----- Information below to be filled out by the Authorizing Official -----					
Expiration Date of ID Media	Type of Card: <input type="checkbox"/> SmartCard <input type="checkbox"/> Indala <input type="checkbox"/> Other (Specify): <input type="checkbox"/> MiFare <input type="checkbox"/> Hybrid				
Authorizing Official's Name (Typed or Printed)		Routing Symbol	Date	Authorizing Official's Signature	

DOT F 1681 (08-04)

Privacy Act Notice:

The information on this form is requested under authority of Titles 5 and 49, USC; Title 32, CFR; and Title 40 USC 486c.

Submission of all data is mandatory in order to receive DOT identification media.

The purpose is to provide a ready concentration of employee personal data to facilitate issuance, accountability, and recovery of required identification/credential card(s) which are issued to employees/contractors.

The information provided will be used to issue such identification/credential card(s) as may be required to enable the employee or contractor to properly conduct assigned duties.

Failure to provide all or any part of the requested data will result in your inability to be properly identified and, therefore, be unable to properly perform all aspects of your assigned official duties.