

LOST/STOLEN INCIDENT REPORT FOR CAC/ID CARDS

PLEASE PRINT

1. DATE OF INCIDENT:	2. PLACE OF INCIDENT:
3. SPONSOR'S NAME:	4. BRANCH OF SERVICE:

5. ID CARDS ARE THE PROPERTY OF THE UNITED STATES GOVERNMENT AND HOLDERS ARE REQUIRED TO SAFEGUARD THEIR ID CARD/CAC AT ALL TIMES. DIRECTIVE TYPE MEMORANDUM (DTM) 08-003 REQUIRES AN INDIVIDUAL TO PRESENT DOCUMENTATION FROM THE LOCAL SECURITY OFFICE OR SPONSOR CONFIRMING THE CARD IS LOST OR STOLEN. THIS DOCUMENT MUST BE SCANNED INTO DEERS AND THE INCIDENT REPORTED TO THE INDIVIDUAL'S DUTY ORGANIZATION AND SERVICING ID CARD OFFICE.

6. LOST OR STOLEN CARD REPLACEMENT REQUIRES CONFIRMATION SIGNATURE BY THE FOLLOWING PERSONNEL: (CHECK THE ONE WITH THE LOST OR STOLEN CARD.)

SPONSOR/SERVICE MEMBER - SPONSOR, CDR/1SG, DUTY ORGANIZATION SECURITY OFFICER, AND ID CARD SSM.

DEPENDENT - SPONSOR AND ID CARD SITE SECURITY MANAGER (SSM).

RETIREE - SPONSOR AND ID CARD SSM.

CONTRACTOR - SPONSOR AND DUTY ORGANIZATION SECURITY OFFICER.

DOD CIVILIAN - SPONSOR AND DUTY ORGANIZATION SECURITY OFFICER.

7. ALL ELIGIBLE INDIVIDUALS REQUIRE TWO FORMS OF VALID STATE OR FEDERAL ID UPON REPLACEMENT OF THEIR ID CARD.

NAME OF INDIVIDUAL(S) WHOSE CARD WAS LOST OR STOLEN:

1.

2.

3.

8. EXPLANATION OF INCIDENT:

9a. SPONSOR SIGNATURE:	9b. DATE:
10a. UNIT COMMANDER OR FIRST SERGEANT SIGNATURE:	10b. DATE:
11a. UNIT SECURITY OFFICER'S SIGNATURE (IF APPLICABLE):	11b. DATE:
12a. SSM SIGNATURE:	12b. DATE: