

Identification Card / Credential Application

| Applicant Data | | | | | |
|---|---|---|---|--|--|
| Application for <input type="checkbox"/> Identification Card or <input type="checkbox"/> Credentials | | | | ID Card Number: (To be completed by Issuer) | |
| 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. Height | lbs. Weight | Hair Color | Eye Color | Citizenship | |
| Office Routing Symbol | Office Phone Number(s) | Issuing office use | | | |
| Office e-mail address | | Office (Street) Address | | | |
| ----- Contractors Only ----- | | | | | |
| Contractor Company | | Contract Number & Expiration Date | Contracting Officer Name and Phone Number (printed) | | |
| ----- Reason for Issuance ----- | | | | | |
| <input type="checkbox"/> New ID Card 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 Sponsor ----- | | | |
| Expiration Date of ID Card | Type of Card: | <input type="checkbox"/> Permanent <input type="checkbox"/> Other <input type="checkbox"/> Temporary (Specify): | | | |
| Sponsor's Name & Phone Number (Typed or Printed) | | Routing Symbol | Date | Sponsor's Signature | |
| ----- Identity Verification Information below to be filled out by the Registrar or Trusted Agent (TA) ----- | | | | | |
| <input type="checkbox"/> Applicant's I-9 data has been verified | | <input type="checkbox"/> Applicant has submitted required investigation paperwork (if required) | | <input type="checkbox"/> Applicant has been fingerprinted <input type="checkbox"/> Applicant's picture for ID has been taken | |
| Registrar's/ TA's Name (Typed or Printed) | Routing Symbol | Date | Registrar's/TA's Signature | | |
| ----- Information below to be filled out by the Registrar ----- | | | | | |
| Individual is authorized to be issued the following ID type <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other: | | | | | |
| Individual has a completed and favorably adjudicated <input type="checkbox"/> NAC <input type="checkbox"/> NACI or higher <input type="checkbox"/> FBI Fingerprint Check <input type="checkbox"/> Other: | | | | | |
| Registrar's Name (Typed or Printed) | Routing Symbol | Date | Registrar's Signature | | |
| ----- Information below to be filled out by the Issuer ----- | | | | | |
| <input type="checkbox"/> DOT F 1681 is correctly completed. | | <input type="checkbox"/> Applicant's information in the ID system is correct. | | | |
| Issuer's Name (Typed or Printed) | Routing Symbol | Date | Issuer's Signature | | |
| ----- Applicant's Acknowledgement Receipt ----- | | | | | |
| Your card contains data that may be used to verify your identity. You must exercise care in handling your card. Do not bend or twist it, expose it to extreme heat or cold. You may keep the card only for as long as you are authorized to enter Federal buildings or have access to Federal information systems. You must return the card when you no longer need it, or upon demand by the government or your employer. You must inform your supervisor, your security representative, and/or the organization that issued your card if it is lost or stolen. You may be asked to wait for a period of time before a replacement card is issued. Please acknowledge receipt of your card and that you accept your responsibilities regarding its use and safeguarding by printing and signing your name below. | | | | | |
| Applicant's Name (Typed or Printed) and signature | | | | Date | |

DOT F 1681 (test - 10/27)

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.