

**LOST/STOLEN INCIDENT REPORT FOR CAC/ID CARDS**

**PLEASE PRINT**

**1. SPONSOR'S NAME (Last, First, MI) and SSN:**

**2. UNIT OF ASSIGNMENT & BRANCH OF SERVICE:**

**3. DATE OF INCIDENT:**

**4. PLACE OF INCIDENT**

5. COMMON ACCESS CARDS (CAC)/ 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 PROVOST MARSHALL OFFICE (PMO) 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 - CDR OR 1SG AND PROVOST MARSHALL'S OFFICE (PMO)
- DEPENDENT - SPONSOR AND PROVOST MARSHALL'S OFFICE (PMO)
- RETIREE - SPONSOR AND PROVOST MARSHALL'S OFFICE (PMO)
- CONTRACTOR - SPONSOR, SUPERVISOR, AND PROVOST MARSHALL'S OFFICE (PMO)
- DOD CIVILIAN - SPONSOR, SUPERVISOR, AND PROVOST MARSHALL'S OFFICE (PMO)

**7. ALL ELIGIBLE INDIVIDUALS REQUIRE TWO FORMS OF VALID STATE OR FEDERAL ID FOR REPLACEMENT OF THEIR CAC/ID CARD.**

**NAME OF INDIVIDUAL(S) WHOSE CARD WAS LOST OR STOLEN (LAST, FIRST, MI):**

- 1.
- 2.

**8. EXPLANATION OF INCIDENT:**

**9a. SPONSOR'S SIGNATURE:**

**9b. DATE:**

**10a. SM'S UNIT CDR/1SG /CIV SUPERVISOR'S SIGNATURE:**

**10b. DATE:**

**11a. PMO STATION REPRESENTATIVE'S STAMP/SIGNATURE:**

**11b. DATE:**

**12a. ID CARD SITE SECURITY MANAGER'S SIGNATURE:**

**12b. DATE:**

**REMARKS:**