

LOST/STOLEN INCIDENT REPORT FOR COMMON ACCESS CARDS (CAC)/ID CARDS

PLEASE PRINT

A COMMON ACCESS CARD (CAC)/ID CARD IS THE PROPERTY OF THE UNITED STATES GOVERNMENT AND CARD HOLDERS ARE REQUIRED TO SAFEGUARD IT AT ALL TIMES. DEPARTMENT OF DEFENSE MANUAL (DoDM) 1000.13-M-V1 REQUIRES DOCUMENTATION STATING THE CAC/ID CARD WAS LOST OR STOLEN. THIS DOCUMENT MUST BE SCANNED INTO DEERS AND THE INCIDENT REPORTED TO THE INDIVIDUAL'S DUTY ORGANIZATION AND SERVICING ID CARD FACILITY. LOST OR STOLEN CAC/ID CARD REPLACEMENT REQUIRES TWO FORMS OF VALID STATE OR FEDERAL ID (ONE MUST BE A PHOTO ID).

1. CARD HOLDER'S NAME (Last, First MI):	2. SPONSOR'S NAME (Last, First MI):
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3. TYPE OF ID CARD TO BE REPLACED (CHECK ALL THAT APPLY):

<input type="checkbox"/> MILITARY CAC	<input type="checkbox"/> DOD CIVILIAN CAC	<input type="checkbox"/> CONTRACTOR CAC
<input type="checkbox"/> RETIREE ID	<input type="checkbox"/> FAMILY MEMBER ID	<input type="checkbox"/> CONTRACTOR ID

4. DATE ID CARD WAS LOST OR STOLEN:	5. PLACE ID CARD WAS LOST OR STOLEN:
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6. CIRCUMSTANCES:

7. WAS THE CAC/ID CARD LOST OR STOLEN? IF LOST, CHECK AND PROCEED TO ITEM 12.	<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN
8. IF STOLEN, DID IT OCCUR ON OR OFF POST?	<input type="checkbox"/> ON POST	<input type="checkbox"/> OFF POST

9. IF STOLEN ON POST, THE CARD HOLDER MUST REPORT THE INCIDENT TO THE MILITARY POLICE DESK, DIRECTORATE OF EMERGENCY SERVICES (DES). BLDG 298, THOMAS HALL. DES WILL SIGN BELOW.

DES REPRESENTATIVE NAME:	SIGNATURE OR STAMP:	DATE:
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10. IF STOLEN OFF POST, WAS A REPORT MADE TO LOCAL AUTHORITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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11. IF YES, CAN YOU PROVIDE A COPY OF THE REPORT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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12. CARD HOLDER SIGNATURE:	DATE:
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13. FAMILY MEMBER ID CARD REPLACEMENT REQUIRES THE SERVICE MEMBER SIGN THIS FORM.

FAMILY MEMBER SPONSOR SIGNATURE:	DATE:
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14. COUNSELING. SERVICE MEMBERS MUST BE COUNSELED BY THE UNIT COMMANDER OR 1SG. DOD CIVILIAN, CONTRACTORS AND SPONSORED EMPLOYEES MUST BE COUNSELED BY THEIR SUPERVISOR.

COMMANDER/1SG/SUPERVISOR NAME:	SIGNATURE:	DATE:
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15. CONTRACTING OFFICER REPRESENTATIVE (COR) OR TRUSTED AGENT (TA) FOR DOD CONTRACTORS AND SPONSORED EMPLOYEES.

COR/TA NAME:	SIGNATURE:	DATE:
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16. ID CARD VERIFICATION OFFICIAL NAME:	SIGNATURE:	DATE:
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REMARKS: