

Division/Flotilla: _____ EMPLID: _____ Status: IQ / BQ / AX (check one)

Last Name: _____ First Name: _____ Middle Initial: _____

Base Enrollment Date: _____ Date of Birth: _____

Weight (lbs): _____ Height (inches): _____ Hair Color: _____ Eye Color: _____ Blood Type: _____

Reason for this request (check one) New Member Expired Card Lost / Stolen / Other (explain on back)

Member Endorsement: "The information above is accurate and the photo being submitted with this request is of me."

Member Signature / Date

FC Endorsement: "The information above is accurate for this member and the photo being submitted is of him or her."

FC Signature / Date

Division/Flotilla: _____ EMPLID: _____ Status: IQ / BQ / AX (circle one)

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