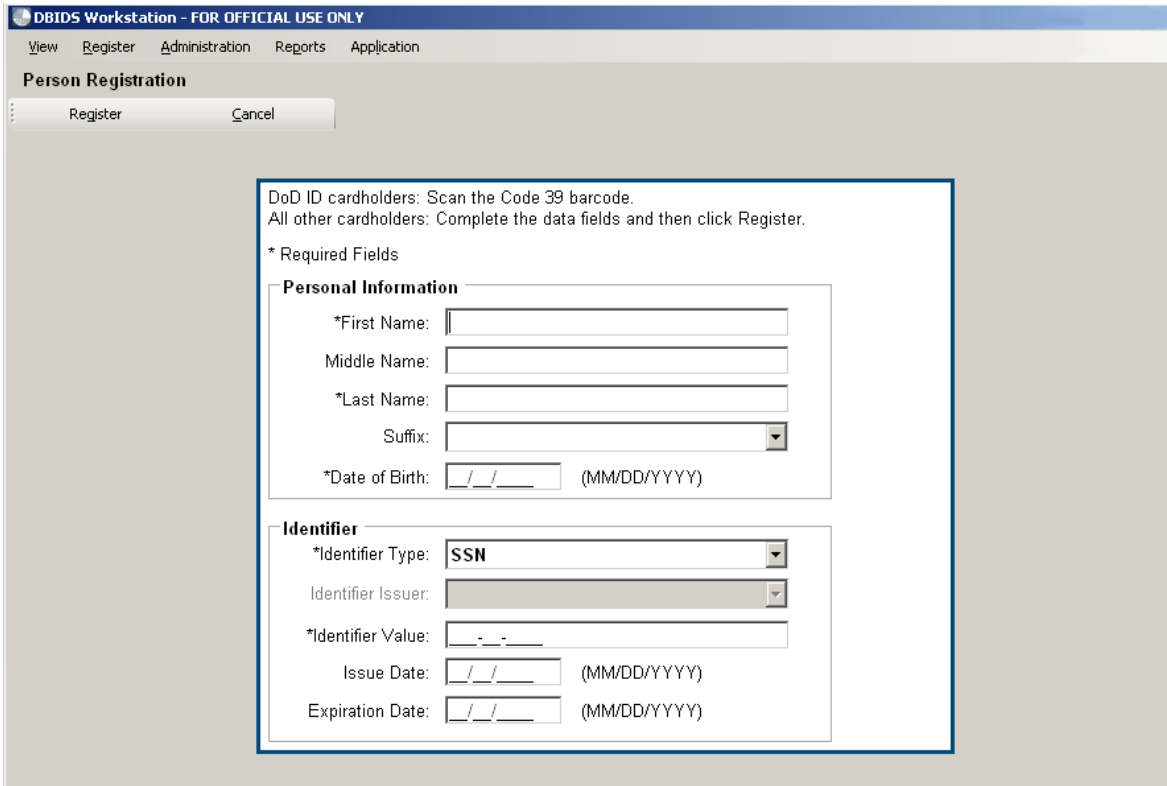


Φύλλο 1. DBIDS Person Registration Screen



DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Person Registration

Register Cancel

DoD ID cardholders: Scan the Code 39 barcode.
All other cardholders: Complete the data fields and then click Register.

* Required Fields

Personal Information

*First Name:

Middle Name:

*Last Name:

Suffix:

*Date of Birth: (MM/DD/YYYY)

Identifier

*Identifier Type:

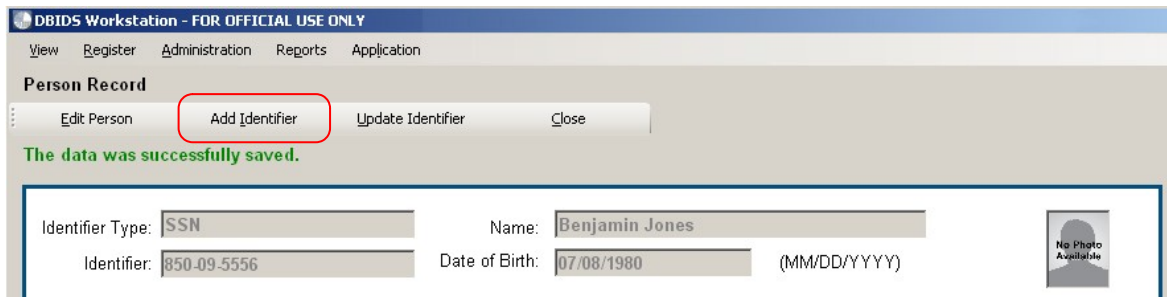
Identifier Issuer:

*Identifier Value:

Issue Date: (MM/DD/YYYY)

Expiration Date: (MM/DD/YYYY)

Φύλλο 2. Add Identifier Button in Person Record Screen



DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Person Record

Edit Person Add Identifier Update Identifier Close

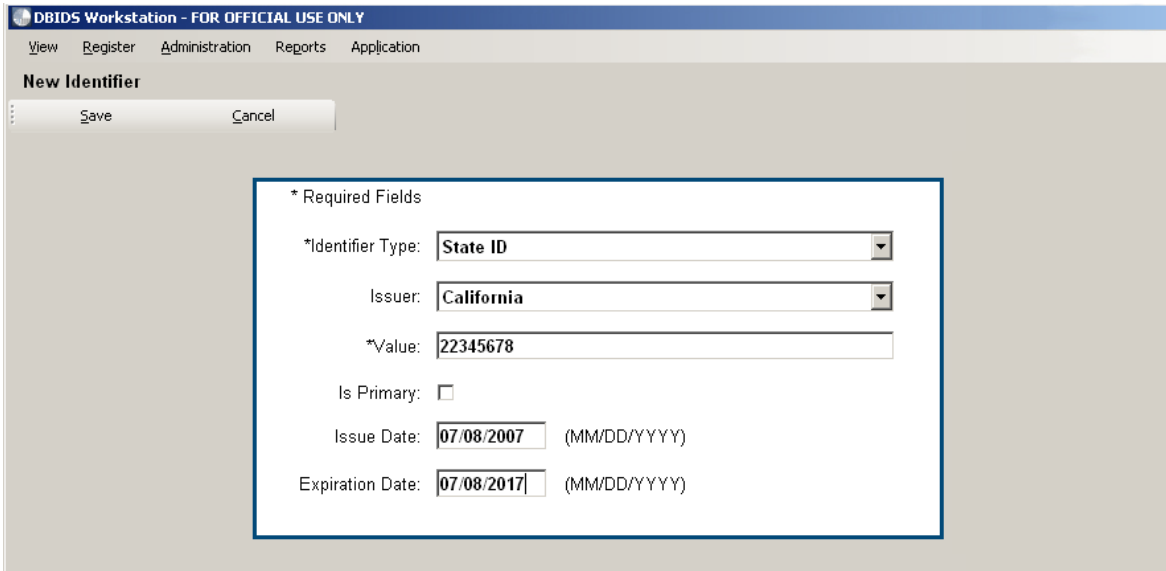
The data was successfully saved.

Identifier Type: Name:

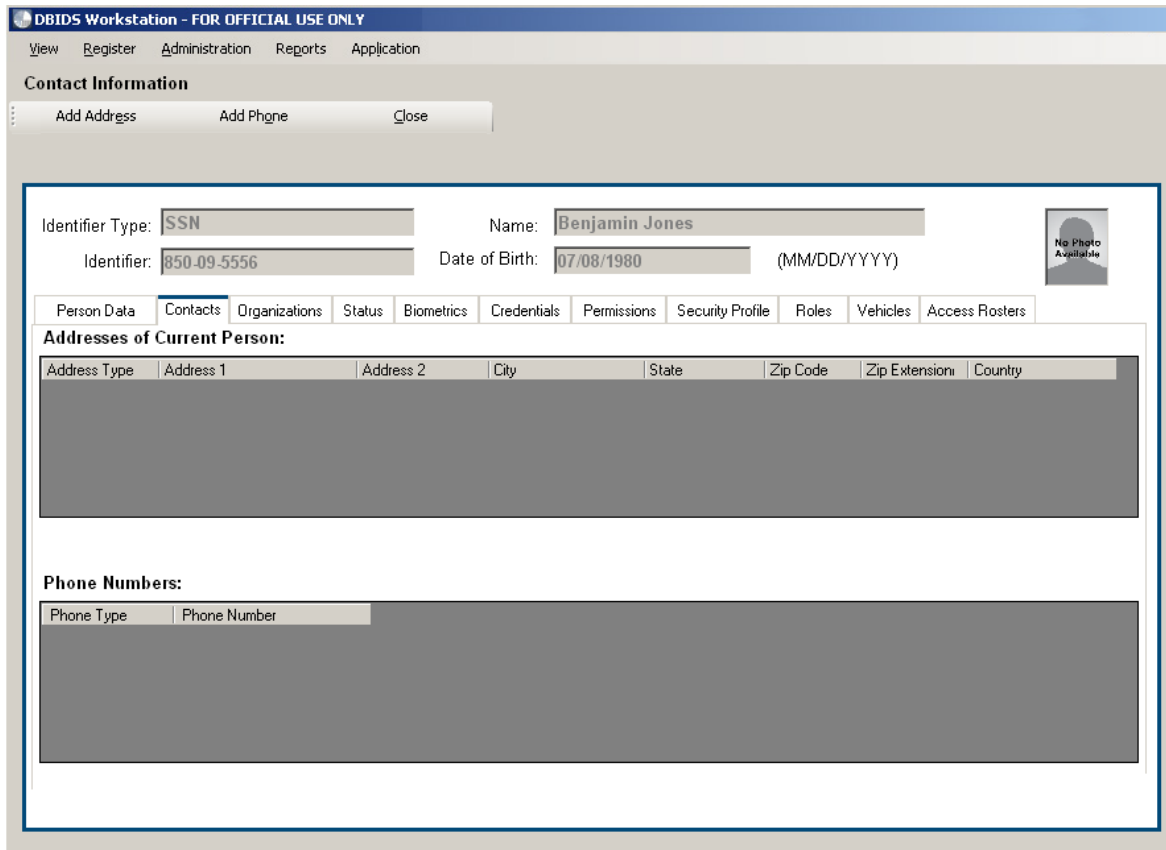
Identifier: Date of Birth: (MM/DD/YYYY)

No Photo Available

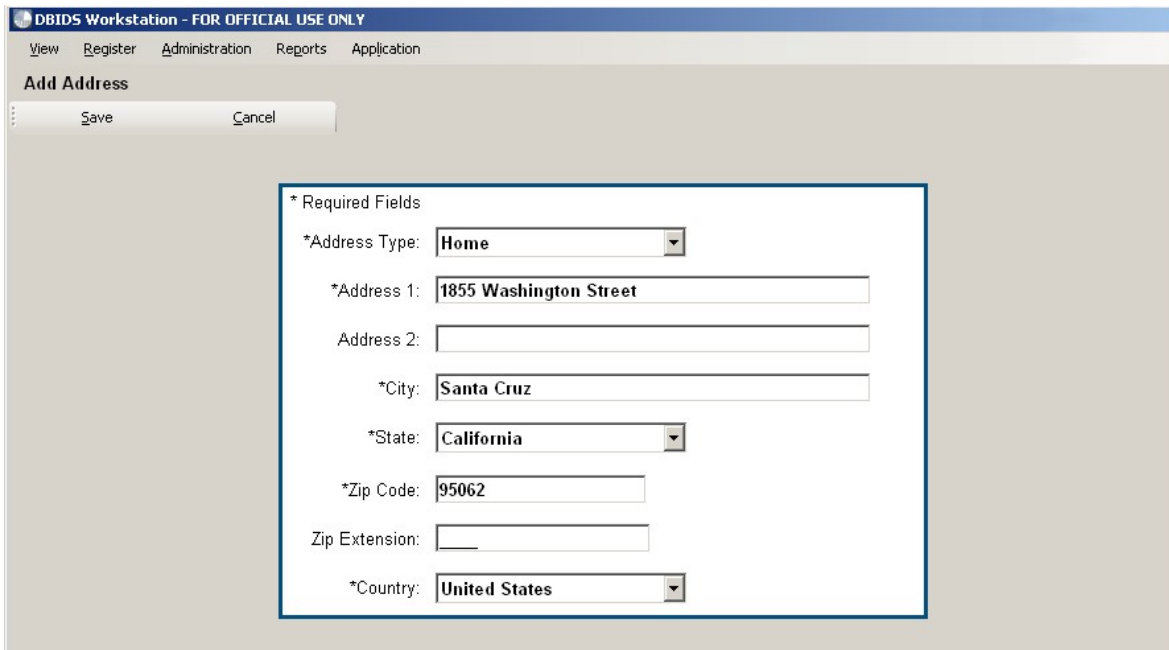
Φιγυρε 3. New Identifier Screen



Φιγυρε 4. Contact Information Screen



Φύλλο 5. Add Address Screen



DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Add Address

Save Cancel

* Required Fields

*Address Type: Home

*Address 1: 1855 Washington Street

Address 2:

*City: Santa Cruz

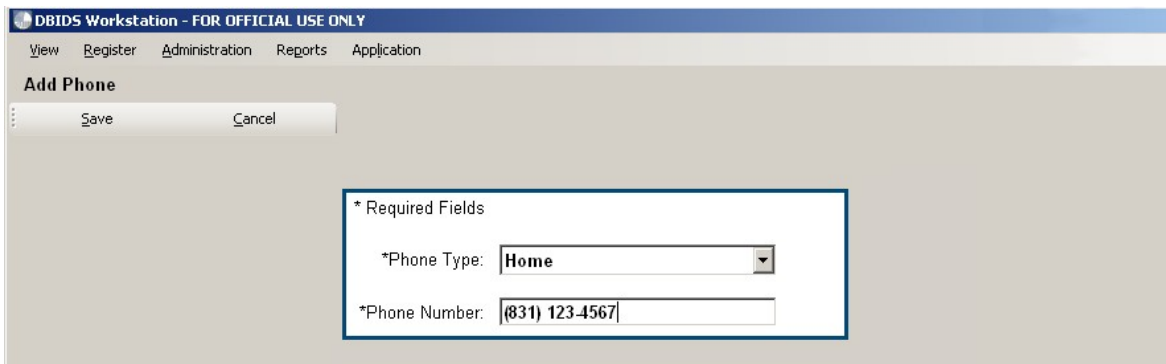
*State: California

*Zip Code: 95062

Zip Extension:

*Country: United States

Φύλλο 6. Add Phone Screen



DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Add Phone

Save Cancel

* Required Fields

*Phone Type: Home

*Phone Number: (831) 123-4567

Φύλλο 7. Contact Information Screen with Registrant's Phone Number Added

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Contact Information

Add Address Add Phone Update Phone Delete Phone Close

The data was successfully saved.

Identifier Type: Name:
 Identifier: Date of Birth: (MM/DD/YYYY)

Person Data **Contacts** Organizations Status Biometrics Credentials Permissions Security Profile Roles Vehicles Access Rosters

Addresses of Current Person:

Address Type	Address 1	Address 2	City	State	Zip Code	Zip Extension	Country
Home	1855 Washington Street		Santa Cruz	California	95062		United States

Phone Numbers:

Phone Type	Phone Number
Home	(831) 123-4567

Φύλλο 8. Biometrics Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Biometrics

Add Photo Close

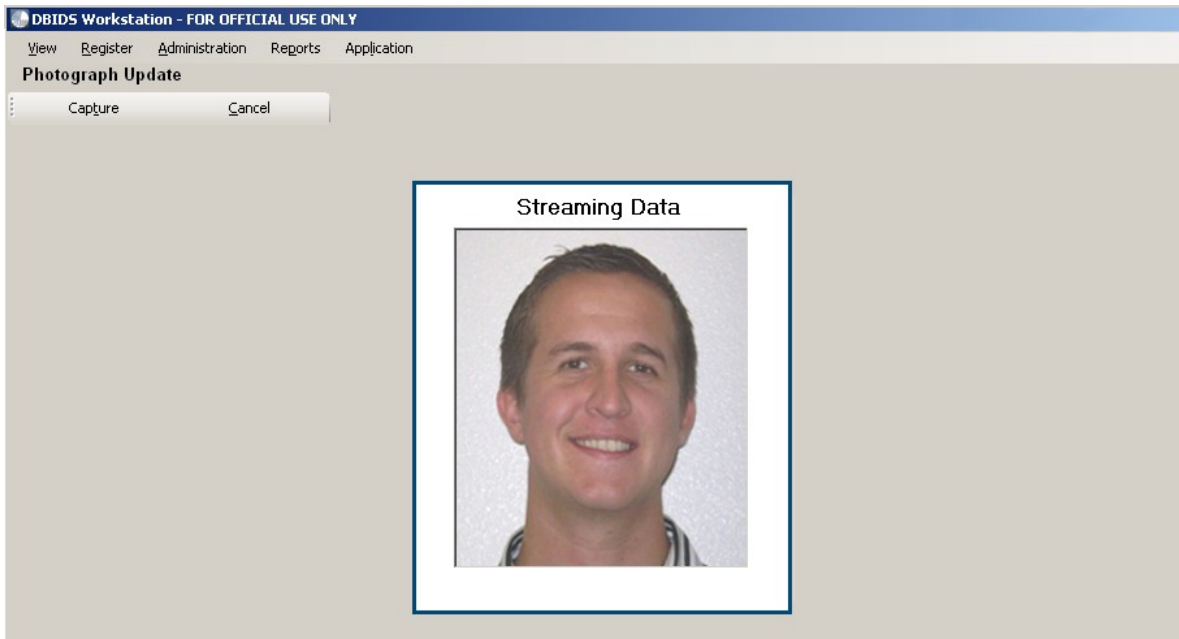
Identifier Type: Name:
 Identifier: Date of Birth: (MM/DD/YYYY)

Person Data Contacts Organizations Status **Biometrics** Credentials Permissions Security Profile Roles Vehicles Access Rosters

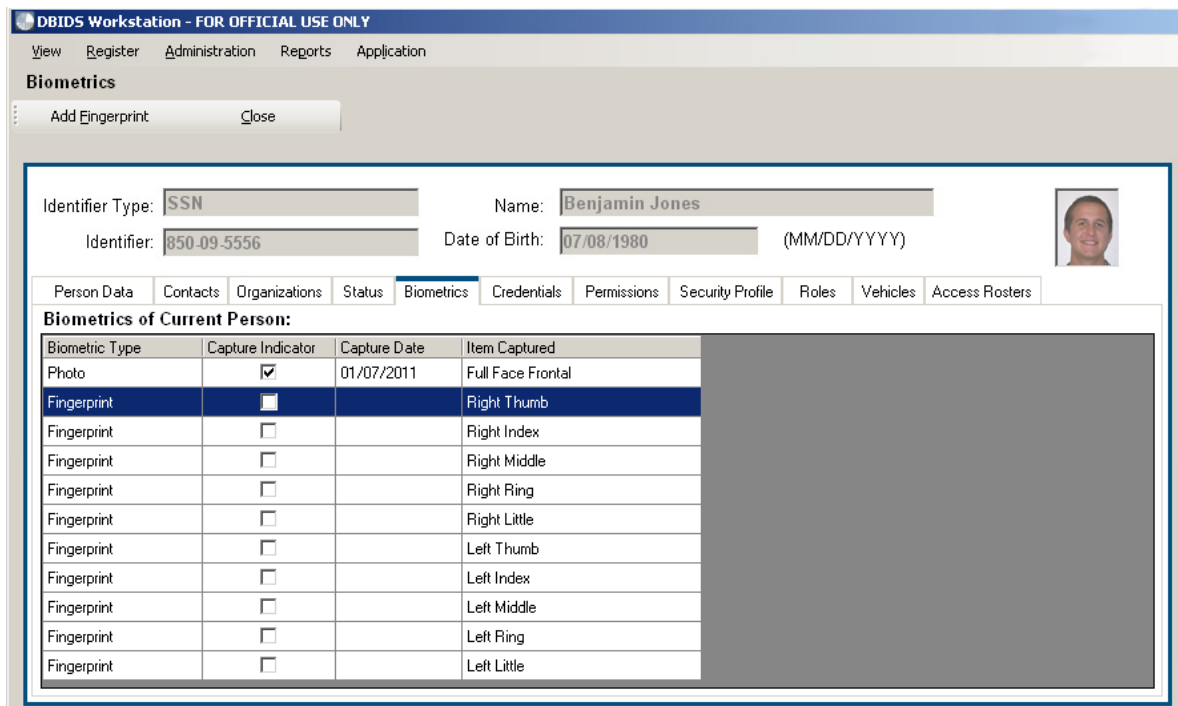
Biometrics of Current Person:

Biometric Type	Capture Indicator	Capture Date	Item Captured
Photo	<input checked="" type="checkbox"/>		Full Face Frontal
Fingerprint	<input type="checkbox"/>		Right Thumb
Fingerprint	<input type="checkbox"/>		Right Index
Fingerprint	<input type="checkbox"/>		Right Middle
Fingerprint	<input type="checkbox"/>		Right Ring
Fingerprint	<input type="checkbox"/>		Right Little
Fingerprint	<input type="checkbox"/>		Left Thumb
Fingerprint	<input type="checkbox"/>		Left Index
Fingerprint	<input type="checkbox"/>		Left Middle
Fingerprint	<input type="checkbox"/>		Left Ring
Fingerprint	<input type="checkbox"/>		Left Little

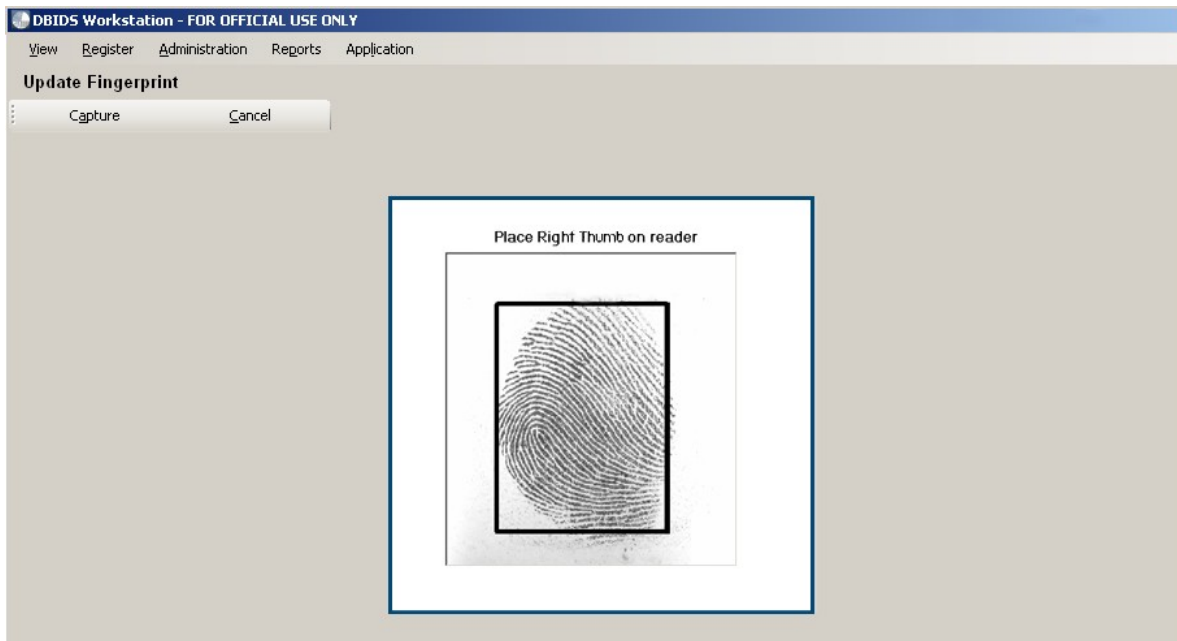
Φύλλο 9. Photograph Update Screen



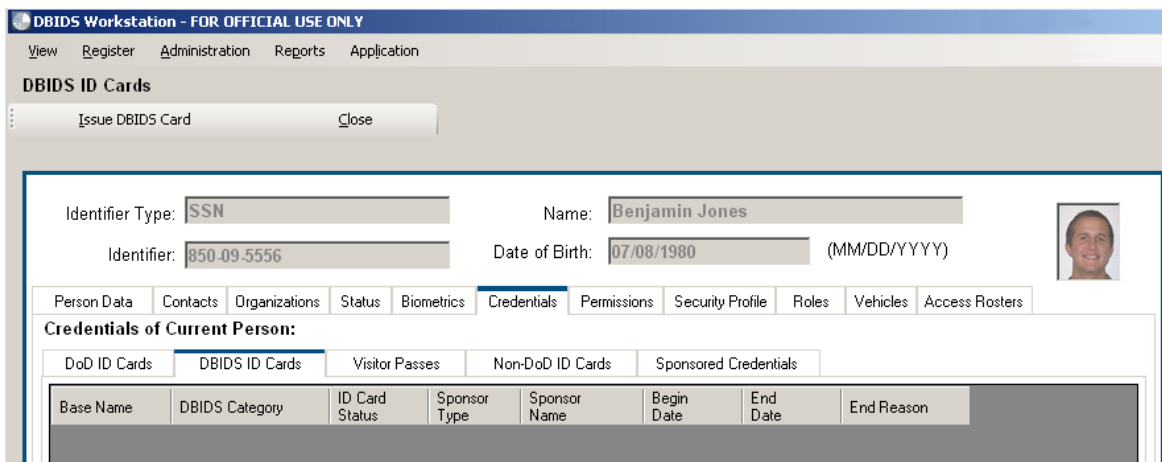
Φύλλο 10. Biometrics – Selecting a Fingerprint



Φύλλο 11. Update Fingerprint Screen – Ready to Capture



Φύλλο 12. DBIDS ID Cards Screen



Φύλλο 13. Issue DBIDS Card — Person Data Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Issue DBIDS Card - Person Data

Print DBIDS Card Cancel

Front:

Back:

Person Data | Biometrics | Card Data | Permissions

*** Required Fields**

Personal Information

*First Name:

Middle Name:

*Last Name:

Suffix:

*Date of Birth: (MM/DD/YYYY)

Citizenship:

Demographics

Gender:

Height: ft. in.

Weight: lbs.

Eye Color:

Hair Color:

Φύλλο 14. Issue DBIDS Card — Biometrics Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Issue DBIDS Card - Biometrics

Add Photo Override Fingerprint Print DBIDS Card Cancel

Front:

Back:

Person Data **Biometrics** Card Data Permissions

Biometric Type	Capture Indicator	Capture Date	Item Captured
Photo	<input checked="" type="checkbox"/>		
Fingerprint	<input type="checkbox"/>		Right Thumb
Fingerprint	<input type="checkbox"/>		Right Index
Fingerprint	<input type="checkbox"/>		Right Middle
Fingerprint	<input type="checkbox"/>		Right Ring
Fingerprint	<input type="checkbox"/>		Right Little
Fingerprint	<input type="checkbox"/>		Left Thumb

Φύλλο 15. Issue DBIDS Card — Card Data Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Issue DBIDS Card - Card Data

Select Sponsor Print DBIDS Card Cancel

Front:

Back:

Person Data Biometrics **Card Data** Permissions

Card Data

Print Order of Permissions

*Primary: **JOINT BASE ABRAMS** Secondary:

*Category: **Conveyance**

*Sponsor Type: **Organization**

*Sponsor:

*Issue Date: **01/10/2011** (MM/DD/YYYY) *Expiration Date: **01/10/2012** (MM/DD/YYYY)

*** Required Fields**

Privileges - Escort Limits

*Person: **2** *Vehicle: **1**

Remarks

Φύλλο 16. Register Vehicle – Add Vehicle Information Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Register Vehicle - Add Vehicle Information

Register Vehicle Cancel

Information Sponsor Insurance

* Required Fields

*VIN: A19384N19283T7634

Vehicle Description

New Used

*Make: Dodge

*Model: RAM

*Year: 2009

*Color: Blue

*Body Type: Pickup Truck

License Plate

*Issuer Type: US State

*Issuer: California

*Plate Number: 178ZXZ

Decals

Safety Decal ID:

DoD Decal ID:

Φύλλο 17. Register Vehicle – Add Vehicle Sponsor Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Register Vehicle - Add Vehicle Sponsor

Select Person Sponsor Select Organization Sponsor Register Vehicle Cancel

Information Sponsor Insurance

Vehicle Sponsor

Please select a sponsor from the buttons above.

Person Registration Information:

*Base: Base Fort Ord

Owner?

*Registration Status: Driving Status

*Registration Date: / / (MM/DD/YYYY)

*Expiration Date: / / (MM/DD/YYYY)

Remarks:

Φύλλο 18. Search for Vehicle Sponsor (Person) Screen

Φύλλο 19. Register Vehicle – Add Vehicle Insurance Screen

Φύλλο 20. Create Access Roster Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Create Access Roster

Save Associate Organization Cancel

Event Information

*Base: BASE FORT ORD

*Roster Name:

*Location:

*Roster Status: Approved

*Effective Date: 01/10/2013 (MM/DD/YYYY)

*Expiration Date: (MM/DD/YYYY)

Sponsor Information

The sponsor should be provided a Privacy Act Statement for distribution.

*Sponsor: Jeremy Arlington

*POC Phone: () - -

Associated Organization (optional)

Name:

POC:

Phone Number: () - -

Remarks

Φύλλο 21. View Access Roster Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

View Access Roster

Edit Close

The data was successfully saved.

Roster Name: Security Conference Effective Date: 01/10/2013 (MM/DD/YYYY)
 Sponsor: Jeremy Arlington Expiration Date: 01/12/2013 (MM/DD/YYYY)
 POC Phone: (831) 555-6790

Roster Information Roster Permissions Roster Persons

Event Information

*Base: BASE FORT ORD

*Roster Name: Security Conference

*Location: Bldg 7 Conference Room

*Roster Status: Approved

*Effective Date: 01/10/2013 (MM/DD/YYYY)

*Expiration Date: 01/12/2013 (MM/DD/YYYY)

*Termination Date: / / (MM/DD/YYYY)

*Termination Reason:

Sponsor Information

*Sponsor: Jeremy Arlington

*POC Phone: (831) 555-6790

Associated Organization (optional)

Name: Education Center

POC: Mark Davis

Phone Number: (831) 293-4589

Remarks

Φίγυρε 22. Add Access Roster Person Screen

DBIDS Workstation - FOR OFFICIAL USE ONLY

View Register Administration Reports Application

Add Access Roster Person

Save Review Cancel

***Required Fields**

*First Name: Mary

Middle Name:

*Last Name: Jones

*Date of Birth: 08/07/1987

*Identifier Type: Drivers License

*Issuer: California

*Identifier: J89765321

License Plate Issuer Type:

License Plate Issuer:

License Plate Number:

Remarks: