

**ARMY & AIR FORCE EXCHANGE SERVICE**  
**IDENTIFICATION & PRIVILEGE CARD APPLICATION**  
(Read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing form.)

OMB NO. 0702-  
OMB approval expires  
MMM DD, YYYY

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

Responses should be sent to your local Human Resources Office that provided you the form.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S.C. §3013, "Secretary of the Army"; Title 10 U.S.C. §8013, "Secretary of the Air Force"; Army Regulation 215-3, "Nonappropriated Funds Personnel Policy"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN) as amended.

**PRINCIPAL PURPOSES(S):** To collect information necessary to process a request to obtain privileges as an authorized patron of the Exchange.

**ROUTINE USE(S):** Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This includes disclosure to Federal agencies, and state, local and territorial government including to the U.S. Department of Justice/U.S. Attorneys, to the Department of Labor, Department of Veterans Affairs, Social Security Administration, Federal agencies that have special civilian employee retirement programs; or a national, state, county, municipal, or other publicly recognized charitable or income security administration agency.

**DISCLOSURE:** Voluntary, however, failure to provide all the requested information may result in the denial of your application for inadequate data.

A copy of the Privacy Impact Assessment (PIA) for this collection may be located at <http://ciog6.army.mil/Portals/1/PIA/2013/EXHRM-TMG.pdf>

**INSTRUCTIONS**

1. Print all information in ink. Make sure the information is complete and accurate.
2. Have your sponsor complete Section I, Section II, the Affidavit for Lost and Stolen Card, and sign and date the form.
3. Section III will be completed by an Exchange Human Resource Associate. Do not place any information in this section.
4. Complete Section IV, the Dependent Relationship to Sponsor, and Sign and Date under the Dependent Relationship.
5. Present the form to the Human Resource associate.
6. Do not complete Section V until directed by the Human Resource associate after you receive your privilege card.

**ARMY & AIR FORCE EXCHANGE SERVICE  
IDENTIFICATION & PRIVILEGE CARD APPLICATION**

OMB

REASON FOR APPLICATION (Check Applicable Box):  NEW ASSOCIATE  DEPENDENT  ID CARD EXPIRED  REPLACE LOST CARD  RETIREE

**SECTION I: EMPLOYEE/SPONSOR INFORMATION**

LAST NAME		FIRST NAME				MI
DATE OF BIRTH (YYYYMMDD)	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	SOCIAL SECURITY NUMBER (LAST 5)	OFFICE PHONE NO.

**SECTION II: ADDITIONAL INFORMATION**

REMARKS:

**AFFIDAVIT FOR LOST OR STOLEN CARD**

STATEMENT REGARDING LOSS AND WHAT YOU HAVE DONE TO RECOVER (I WILL RETURN ANY PREVIOUSLY REPORTED LOST CARDS TO HR IMMEDIATELY):

I CERTIFY THE INFORMATION PROVIDED IN CONNECTION WITH THE ELIGIBILITY REQUIREMENT OF THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE/SPONSOR SIGNATURE	DATE
----------------------------	------

**SECTION III: AUTHORIZED BY**

I acknowledge that I have verified the above information through the HRIS or by review of applicable documents to support the dependent's status.

ISSUING OFFICIAL'S NAME (TYPED)	SIGNATURE	
CARD NUMBER	ISSUE DATE YYYYMMDD	EXPIRATION DATE YYYYMMDD

**SECTION IV: DEPENDENT INFORMATION**

LAST NAME		FIRST NAME				MI	GENDER
DATE OF BIRTH (YYYYMMDD)	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	SOCIAL SECURITY NUMBER	OTHER MILITARY ID? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**DEPENDENT RELATIONSHIP TO SPONSOR**

- SPOUSE/SAME SEX DOMESTIC PARTNER     
  UNMARRIED SURVIVING SPOUSE     
  UNMARRIED CHILD (under 21)
- SPONSORED CHILD     
  OTHER—SPECIFY: \_\_\_\_\_
- Dependent identified is:**  
 Unmarried full-time student under 23     
  Disabled child 21 or over  
 Dependent on sponsor for over 50% support     
  Unmarried legal ward under 21

DEPENDENT SIGNATURE	DATE
---------------------	------

**SECTION V: RECEIPT**

Receipt of new card is acknowledged

SIGNATURE	DATE
-----------	------