



# Automated Badge Request

Request For Personal Identification Card | DS-1838

Help

## Applicant Information

Request #: 901687

NOTE: No Fill will be sent to personal email addresses

**Applicant's Name:** \*  
Last Name:  First Name:  MI:  Suffix:

**Date of Birth:** \*  (e.g., MM/DD/YYYY)  **Social Security Number:** \*  (no dashes)

**DOS Email Address:**  (e.g., Smith\_ID@state.gov) **Personal Email Address:**

**Are you a U.S. Citizen:** \*  U.S.  Other

**Gender:** \*  Male  Female **Dual Citizenship:**  (Specify Country)

**Home Address:** \*  
Street:  Apt. #:  City:  State:  Zip:

**Employer Information:** \*  
Name:  Phone Number:  Fax Number:

**Employer Address:** \*  
Street:  Suite:  City:  State:  Zip:

## Card Information

**Type of DOS ID Card Requested:** \*  
 DOS Employee (FTE, PSC, WAE, Intern)  
 DOS Contractor  
 Other USG Employee  
 Other USG Contractor  
 Vendor  
 Press Corps  
 Other

**Hours of Access:** \*  
 Normal Business Hours  
 Special Business Hours  
 24 Hours / 7 Days  
 None

**Escort Authority:** \*  Yes  No

**Type of Access:** \*  Facility Only (FAC) **Special Access Required:**  SCI Access

OK Cancel