



UNITED STATES DEPARTMENT OF STATE

**Overseas ONE BADGE Application**  
 (DOS Foreign Service Officers and Specialists should use the Automated Badge Request (online) form or complete DS-1838)

PLEASE TYPE or CLEARLY PRINT ALL ENTRIES

RSO Official Use

- A. Security Access Level: TS  S  SBU  NA   
 B. RSO Vetting Certification: Yes  No  NA   
 C. Date granted: \_\_\_\_\_  
 D. Verified by: \_\_\_\_\_  
 E. Post three digit numeric code: \_\_\_\_\_

1. Applicant Name (Last, First, Middle, Suffix)		2. Date of Birth (mm-dd-yyyy)	
3. Social Security or National ID Number or NA	4. Citizenship (if other, specify country): <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Applicant Home Address	7. City	8. State/Province	9. Postal Code

Sections 10 through 16 - (Applies only to those employed at the mission)

10. Employer Name	11. Employer Phone Number	12. Employer E-mail Address or FAX Number	
13. Employer Address	14. City	15. State/Province	16. Postal Code

17. Mission Affiliation (Select one)

Non-DOS USG Employee (Specify Agency) \_\_\_\_\_  EFM  LES  Contractor  Other (Specify) \_\_\_\_\_

18. Hours of Access: <input type="checkbox"/> Standard Business Hrs <input type="checkbox"/> 24Hr/7 <input type="checkbox"/> Other _____	19. Type of Access (both may apply): <input type="checkbox"/> Facility <input type="checkbox"/> OpenNet/DOS E-mail	20. Escort Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Sections 21-22 - (Applies only to contractors)

21. Contract Number (if contract applicable)	22. Contract Expiration Date
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23. Applicant's Sponsor (Last, First, MI, Suffix)	24. Sponsor's Office Phone Number
25. Sponsor Type: <input type="checkbox"/> HRO <input type="checkbox"/> Office Supervisor <input type="checkbox"/> Other (Specify) _____	26. Sponsor's Mission Section

27. Sponsor's Certification <input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)	28. Sponsor's DOS Badge Number
29. RSO/PSO Approver's Certification (Please complete RSO Official Use Box before certifying) <input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)	30. RSO's DOS PIV Number

ENROLLMENT OFFICE USE ONLY

A. Applicant Unique Identifier: If Line item 3 above is not available, enroller must create an individual's unique identification number (Post Facility Code + Date + Time - See instructions).	B. Enroller: _____ Date: _____
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ISSUANCE USE ONLY

A. Card Issued Badge Number: _____ <input type="checkbox"/> PIN Changed	B. Card Returned Badge Number: _____
C. Issuance Type: <input type="checkbox"/> New <input type="checkbox"/> Re-issuance (Expired, Lost, Stolen, Damaged)	D. Badge Type: <input type="checkbox"/> FLAC <input type="checkbox"/> FAC
E. Issuer: _____ Date: _____	

Privacy Act Statement

Authority: The information is sought pursuant to Homeland Security Presidential Directive 12 (HSPD-12), Executive Order 10450, 44 U.S.C. § 552a(e)(3).

Purpose: The information solicited on this will be used to conduct appropriate national agency checks prior to issuing a Department of State Personal Identification Card. The Social Security Number is mandatory. Additionally the social security number and date of birth will be used to generate a State Global Identification (SGID) number within the DS Identity Management System (IDMS) that replaces the SSN in all other systems and applications.

Routine Uses: The information on this form may be shared with federal, state, and local law enforcement agencies in the performance of conducting an applicant's employment background investigation. The information may also be made available to agencies having statutory intelligence responsibilities, and agencies having oversight or review authority with regard to criminal investigations. More information on the Routine Uses for the information can be found in the System of Records Notice (SORN) State-36, Security Records.

Disclosure: Providing this information, including applicant's social security number, is mandatory. Failure to provide the information requested on this form may result in an individual not being issued a Department of State Personal Identification Card.

### Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Department of State, 8380 Alban Road, Springfield, VA 22150, DS/SSI/IDM, SA-18.

### INSTRUCTIONS FOR COMPLETING DS-7783

This form must be completed by the U.S. Government sponsor for the requesting applicant. For U.S. citizen government employees of other government agencies and all Eligible Family Members (EFM) on an employee's travel orders, the sponsor will be the mission Human Resource's Officer (HRO) or a senior office supervisor of an Other Government Agency (OGA) office. For all Foreign National (FN) Locally Employed Staff (LES) the mission HRO or his/her designated U.S. Government office supervisor employee will sponsor the applicant. This form is NOT to be used by DOS Foreign Service Officers or Specialists or DOS US-hired contractors, they should use standard form DS-1838 or the on-line Automatic Badge Request (ABR) form.

1. **Applicant Name** - Enter the applicant's complete legal name.
2. **Date of Birth** - Enter the applicant's date of birth. Please enter the date in the [mm dd yyyy] format.
3. **Social Security Number or Employee National ID Number** - Enter the applicant's Social Security number (if a US Citizen) OR employee's National ID number (if a FN LES/EFM). If the FN LES/EFM does not have a National ID number enter NA.
4. **Citizenship** - Check the U.S. box if the applicant is a United States citizen. Otherwise check Other and enter the country of citizenship. For applicants claiming/holding dual citizenship, check both the U.S. box and the Other box and specify all other countries of citizenship.
5. **Gender** - Check the box for Male or Female as appropriate.
- 6 - 9. **Applicant Home Address** - Enter the applicant's street address (number and street name), apartment or suite number if applicable, city and state or province of residence and the postal code. US Direct Hires and EFMs should use the US address from driver's license or use the Home Leave Address.
10. **Employer Name** - If the applicant is a FN contractor, vendor, or caterer enter the company's name and NOT the Government agency that holds the contract, otherwise leave blank. Employed Eligible Family Members (EFM) should enter NA, unless employed at the mission.
11. **Employer Phone Number** - Enter the applicant's employer business telephone number if applicable. If EFM, leave blank.
12. **Employer E-mail address or Fax Number** - Enter the applicant's employer business e-mail address or fax number if applicable. If EFM, leave blank.
- 13 - 16. **Employer Address** - Enter the applicant's employer business address (number and street name), suite number if applicable, city and state of business location and the postal code. If EFM leave blank.
17. **Mission Affiliation Check only one box (OGA, EFM, LES, local Contractor)**. If the request is for a FN Contractor, ensure line items 21 and 22 are also completed. If the OTHER box is checked, then the RSO's office must be the sponsor to validate the requirement for an ID card. Note: EFMs employed at the mission are not LES.
18. **Hours of Access** - Check the appropriate box for the suggested hours of access to mission facilities. The RSO office determines actual access times.
19. **Type of Access required** - Check the appropriate box for applicant's access to mission facilities and computer systems. All OGA employees, LES, EFMs, and contractors requiring both facility and OpenNet access should check both boxes. All other applicants **not** requiring Opennet access should only check the facility box.
20. **Escort Authority** - For employees that require escort authority to escort visitors in appropriate mission areas check "Yes".
21. **Contract Number** - Complete this section only if the applicant is a contractor or vendor of the mission. If not applicable, leave blank.
22. **Contract Expiration Date** - Enter the expiration date of the contract for the contract listed in item 21. If not applicable, leave blank.
23. **Applicant's Sponsor** - Insert the name of the government employee responsible for sponsoring the applicant's requirement for an ID card. For all mission personnel, the mission HRO or a U.S. citizen government employee office supervisor's name is required. For EFMs, the sponsor can be the spouse or parent.
24. **Sponsor's Office Phone Number** - Enter the telephone number of the government employee responsible for requesting the applicant's ID card.
25. **Sponsor Type** - Check the box for the type of sponsor for this applicant. If not shown check OTHER and specify the type.
26. **Sponsor's Mission Section** - Enter the sponsor's mission office symbol.
27. **Sponsor's Signature/Date** - Sponsor is to sign and date to authorize the request and certify that all requirements have been completed.
28. **Sponsor's DOS badge number** - Enter the sponsor's badge number as shown on the face of the sponsor's badge.
29. **RSO/PSO Approver Signature/Date** - The mission RSO or designated authority is to sign and date the applicant's form as approving the request.
30. **RSO/PSO Approver's DOS PIV Badge Number** - The RSO or designated authority is to enter their badge number on the face of their PIV card.

## INSTRUCTIONS FOR COMPLETING OVERSEAS ONE BADGE APPLICATION

OFFICIAL USE ONLY PORTIONS

### RSO Official Use:

- A. Security Access Level:** Determine the Security Access level the applicant will require for accessing government information. For U.S. citizen government employees the Bureau of Diplomatic Security's office of Personnel Security and Suitability (PSS) must verify the applicant's security clearance status. This information can be obtained from PSS via phone or e-mail.
- B. RSO Vetting certification:** For Locally Employed Staff (LES) and Eligible Family Members (EFM) the RSO's office must certify that the applicant was sufficiently vetted to justify the issuance of a DOS One Badge for mission facilities and computer access.
- C. Date Granted:** Enter the date that the security clearance, for U.S. citizen government employees, or the certification date for a LES or EFM was granted.
- D. Verified By:** Enter the name of the individual that verified the security clearance or certification status of the applicant.
- E. Post three digit numeric code:** Enter the three digit numeric post code; e.g., Ottawa = 629.

### Enrollment Office Use Only

- A. Applicant Unique Identifier:** If the applicant is a Foreign National LES or EFM and does not have a National ID and item 3 on the form is blank or NA, then the enrollment individual must create a unique identification number for the applicant in the format of - Post Facility Code (xxx) + date of enrollment (mmddyyyy) + time of enrollment (military 24 hour, local); e.g., Ottawa on January 30, 2016 at 3:15 PM = 629013020161515. Please ensure that this number is not duplicated by two simultaneous enrollments.
- B. Enroller and Date:** The enroller is to enter their name and date that the applicant was enrolled into the IDMS system.

### Issuance Office Use Only

- A. Card Issued Badge Number:** Enter the badge number from the front of the badge of the newly printed/issued One Badge. Check the PIN change box to indicate that the applicant has change the PIN.
- B. Card Return Badge number:** If this is a re-issuance and the old badge is available (not lost or stolen), enter the badge number of the old (returned) badge.
- C. Issuance Type:** Indicate what type of badge this issuance is; e.g., new or re-issuance.
- D. Badge Type:** Indicate whether the badge is to be a Facility and Logical (Opennet/DOS E-Mail) FLAC badge or a Facility Only FAC badge.
- E. Issuer:** The issuer is to enter their name and date that the applicant was issued a One Badge from the IDMS system.