

Requested Item



U.S. Department of State

Draft

Submitted

Reviewed

Fulfilled

Closed

Number

RITM*

State

Submitted

Requested By

Stage

Pending Review

Requested For

Created

01-31-2019 11:43:05

Assignment Group

Assigned To

Short Description

DS-1838: Request for Personal Identification Card

Notes:

PLEASE UPDATE:

Instructions

DS-1838 Instructions

This form must be completed by the U.S. Department of State requester for the applicant. To determine the U.S. Department of State requester for a particular applicant or to resolve any other questions, please see the United States Department of State Personal Identification Card Policy and Procedure document. A copy of this document is available for printing from the Diplomatic Security web site under HSPD-12, instructions for obtaining a DOS Personal ID card.

User Identity:

The identity of the user will drive what must be filled out for the rest of the form.

Section 1: User Data

The user's information will populate here from answers in their user profile. Although the majority of this information is not used directly on the DS-1838, it is standard data collected on myData requests by the Department of State.

Section 2: Applicant Section

Applicant Name - Select the applicant's name by clicking on the magnifying glass to access the myData use table. If the applicant is not active in GAL, click the checkbox below this field to unlock name fields that can be manually typed into.

Date of Birth - Enter the applicant's date of birth. Please enter the date in the mm-dd-yyyy format, for example 02-24-2007.

Social Security Number or Employee's Unique ID Number - Enter the applicant's Social Security Number OR Employee's Unique ID Number.

DOS E-mail Address (Required for logical access) - Enter applicant's DOS email address. If a new employee, contact office system administrator.

Citizenship - Select for if the applicant is a United States citizen. Otherwise select Other and write in the field 'If Other, Specify Country, the country of citizenship. If the applicant is not a United States citizen or a Reciprocally Cleared Foreign National, she/he will only be issued a Facility Access Card (FAC).

Dual Citizenship - For applicants claiming/holding dual citizenship, specify all other countries of citizenship.

Gender - Check the box for Male or Female as appropriate.

Applicant Home Address - Enter the applicant's street address (number and street name), apartment or suite number if applicable, city and state of residence and the zip or postal code.

Employer Name - Enter the applicant's employer. If the applicant is a DOS Government employee (FTE, PSC, WAE), enter "U.S. Department of State." If the applicant is a contractor, vendor, or caterer enter the company's name and NOT the Government agency that holds the contract.

Employer Phone Number - Enter the applicant's employer business telephone number.

Employer Fax Number - Enter the applicant's employer business fax number.

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 zip or postal code.

Section 3: Requester Section

Type of DOS Personal Identification Card - Check the box for the type of DOS Personal ID card requested. If the request is for a contractor, ensure 'Contract Number' & 'Classified Contract' fields are also completed. If for an employee or contractor of another U.S. Government department or agency, specify the department or agency. If for a member of the press, check whether the news organization is foreign or domestic. If Other, please specify the type of ID card requested.

Escort Authority - Indicate whether or not the applicant will be permitted to escort visitors.

Hours of Access - Check the appropriate box for the hours of access to Department of State facilities requested normal (7:00am - 6:30pm, M-F), special (5:30am - 6:30pm, M-F), or full time (24/7), or None. Note: Certain overseas posts maintain different work week schedules from the typical M-F.

Type of Access - Check the appropriate box for applicant's access to State Department facilities and computer systems. Uncleared DOS Employee or Contractor = Facility Access Only (FAC). Interim cleared DOS Employee or Contractor = Facility and Logical Access (FLAC) depending on employment position. Fully cleared DOS Employee or Contractor = PIV. Employees or Contractors of other agency, Vendor, Press, or Other = FAC or FLAC as appropriate. All cards will have access to the perimeter of HST, SA-1, -5, -6, -15, and SA-42 except if "NONE" is selected in item #23.

Contract Number - Complete this section only if the applicant is a contractor or vendor. Enter contract number and whether the contract is classified.

State Department Requester - Type the name of the DOS employee requesting the applicant's DOS Personal ID card. For DOS Government applicants, Bureau EX Office, HR or a delegated Office Director's name is required. For contractors, CO/COR or hiring Bureau EX office is required. Overseas, the post's HR Officer's name is required.

Requester Office Phone Number - Enter the telephone number of the DOS employee responsible for requesting the applicant's DOS Personal ID card.

Requester Type - Check the box for the type of request for this applicant. If not shown check Other and specify the type.

Requester Office Symbol - Enter the requester's office symbol.

Requester Signature/Date - Requester is to sign here to authorize the request and certify that all requirements have been completed. Once the form is routed, the date field will autofill.

Requester's DOS ID Card Number - Requester is to enter their DOS Personal Identification Card or Smart ID Card Number here.

NOTE: When completed, Give this form and any other required documentation to the applicant. The applicant must hand carry these items along with two forms of Government issued identification, one must be a photo ID, to the credential issuance office located domestically at *HST room B-266 or SA-15 (for dos government employees)*, *Columbia Plaza #520 (for contractors)* or at Regional locations in New York City, Portsmouth, NH, Charleston, SC and overseas at Post's Credential Issuance Office.

User Identity

Applicant filling out solely Applicant Section

Section 1: User Data

Requested By**Requesting For?****Business Email****Location**

HST (Harry S Truman)

Business Phone**Country****Ext**

United States

Office Symbol**Job Title****Supervisor****Add Users to Watch List - [Provides access to view this request, and receive email updates]****Section 2: Applicant Section****Applicant's Name****Employer Name**

SAMPLE

Date of Birth (mm-dd-yyyy)**Employer Phone Number**

0

SAMPLE

Social Security or Employee's Unique ID Number**Employer Fax Number**

SAMPLE

SAMPLE

Citizenship**Employer Address (Street)**

United States

SAMPLE

Dual Citizenship (Specify Country)**Employer Unit/Suite/Apt #**

SAMPLE

Gender**Employer City**

Unknown

SAMPLE

Employer State**Applicant Home Address (Street)**

District of Columbia

SAMPLE

Applicant Unit/Suite/Apt #**Employer Zip/Postal Code**

SAMPLE

SAMPLE

Applicant City

SAMPLE

Applicant State**Applicant Zip /Postal Code****Section 3: Requester Section****Requester Name****Type of Access (Card)****Business Phone****Office Symbol**

All domestic facility access cards are programmed providing general access to the perimeters of HST, SA-1, SA-5, SA-6, SA-15, and SA-42. For further access requirements, the employee's Unit Security Officer must e-mail a request to DS_DO_ACS.

Requester Type**Type of DOS ID Card Requested****Requester's DOS ID Card Number**

- ☐ DOS Employee (FTE-PSC-WAE)
- ☐ DOS Contractor
- ☐ Vendor
- ☐ Press
- ☐ Other USG Employee (Specify Agency)
- ☐ Other USG Contractor (Specify Agency)
- ☐ Other

Escort Authority**Hours of Access****Section 4: Privacy Act**

AUTHORITY: The information is sought pursuant to Homeland Security Presidential Directive 12 (HSPD-12), Executive Order 10450, 44 U.S.C. § 31, and 5 U.S.C. § 552a(e)(3).

PURPOSE: The information solicited on this form (including the applicant's social security number) will be used to conduct appropriate national agency checks prior to issuing a Department of State Personal Identification Card.

ROUTINE USES: The information on this form may be shared with federal, state and local law enforcement agencies. The information may also be made available to agencies having statutory intelligence responsibilities, and agencies having oversight or review authority with regard to investigative responsibilities. 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 voluntary. However, failure to provide the information requested on this form may result in an individual not being issued a Department of State Personal Identification Card.

Section 5: Paperwork Reduction Act

OMB Approved Number: 1405-XXXX

Expires: 00-00-0000

Estimated Burden: 5 Minutes

PRA 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: Office of Domestic Facilities Protection

IRMOPSENM Final Task

OSDBU Analyst Final Task

Archive Flag

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More Info 1910

Approval

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