

PLEASE READ THE PRIVACY ACT STATEMENT BEFORE COMPLETING THIS FORM

| | | | | | | | | | |
|------------------------|------|---------------|------------|------------|------------------|-----------|---------------------------|-----------------------|--|
| NAME (LAST, FIRST, MI) | | | SSN | | DOB (DD/MM/YYYY) | | POB (CITY/STATE/COUNTRY) | | |
| RANK/GRADE | MALE | FEMALE | HAIR COLOR | EYE COLOR | HEIGHT | WEIGHT | DRIVERS LICENSE # / STATE | | |
| DEPARTMENT/AGENCY | | OFFICE SYMBOL | | DUTY PHONE | | POLY DATE | | UNCLASS EMAIL ADDRESS | |

**THIS SECTION IS FOR CIVILIAN, RESERVISTS AND DIA CONTRACTORS
CONTRACT SPONSOR MUST BE EITHER A DIA COR / DIV CH / USO / SSR / ISO**

| TO BE COMPLETED FOR CIVILIANS/MILITARY ONLY | | | | TO BE COMPLETED FOR CONTRACTORS ONLY | | | |
|---|-----------------|------------------|---------------------------------|---|-----|--|--|
| SPONSOR NAME | | | | COMPANY NAME | | | |
| OFFICE SYMBOL | | | | CONTRACT / CRADA / FFRDC MIPR NUMBER AND TASK ORDER | | | |
| CIVILIAN () | MILITARY () | RESERVIST () | OTHER (SPECIFY) () | CONTRACT PERIOD OF PERFORMANCE / EXPIRATION DATE | | | |
| CIVILIAN SPONSOR PRINTED NAME/SIGNATURE/DATE/PHONE NUMBER | | | | COR PRINTED NAME / SIGNATURE / DATE / PHONE NUMBER | | | |
| CREDENTIAL TYPE REQUIRED: | IC BADGE | DIA STAFF BADGE | COURIER CARD (COLLATERAL / SCI) | PENTAGON ACCESS FORM | CAC | | |

NOTE 1: Select credential types required in accordance with acquisition document (SOW, PWS, SOO) and DD Form 254

NOTE 2: Contractor Badges and CAC Card shall be effective in accordance with Period of Performance (POP); not to exceed 1-year

NOTE 3: Contractor Badge category and Courier Card shall be identified based upon acquisition document and DD Form 254

PRIVACY ACT STATEMENT

Authority: E.O. 9397, "Numbering System for Federal Accounts Relating to Individual Persons," E.O. 10450, "Security Requirements for Government Employment," E.O. 12065, "National Security Information."

Principal Purpose: Control issuance and return of IC/DIA identification badge; to verify identity.

Routine Use(s): Information may be disclosed for verification to others, Federal agencies, local or national law enforcement agencies. May be used for emergency identification.

Disclosure: Voluntary.

Effect(s) if information not provided Non-issuance of IC or DIA staff badge.

| | | | |
|---|------|----------------------------------|------|
| SECURITY OFFICER PRINTED NAME/SIGNATURE | DATE | RECIPIENT PRINTED NAME/SIGNATURE | DATE |
|---|------|----------------------------------|------|

DIA FORM 386 BADGE REQUEST (08/19/Rev#2) (PREVIOUS EDITION OBSOLETE)