HAWAII DEPARTMENT OF DEFENSE BADGE REQUEST FORM

TO BE COMPLETED BY ID ISSUER

BADGE NUMBER: _____ BADGE ISSUE/ EXPIRATION DATE: _____ / _____

TO BE COMPLETED BY BADGE REQUESTOR

NAME: _____
LAST FIRST MI

RANK / TITLE: _____

ORGANIZATION: _____

UNIT: _____ OFFICE _____

PHONE NUMBER _____

TYPE OF APPOINTMENT: _____
Permanent/Indefinite/Temporary Employee

NOT TO EXCEED DATE (NTE): _____
If Applicable

_____
REQUESTOR SIGNATURE

If your current badge is expired or lost, or if you have never been issued a HI DoD Badge, please have your Military or State Supervisor sign below. Please bring this completed form on the day of badge processing, and bring your photo ID card (i.e. Military ID. driver's license. etc.)

_____
SUPERVISOR'S PRINTED NAME

_____
SUPERVISOR'S SIGNATURE

*DoD Contractors who have a contract for less than 1 year will NOT receive a HI DoD Badge.

FOR J3 / JOINT OPERATIONS CENTER USE ONLY:

NEW ISSUE: ☐

LOST: ☐

EXPIRED: ☐

RENEW: ☐

ISSUED BY:

_____
PRINT NAME

_____
SIGNATURE

REMARKS:

_____