HAWAII DEPARTMENT OF DEFENSE IDENTIFICATION BADGE / PROXIMITY ACCESS CARD REQUEST FORM

TO BE COMPLETED BY ISSUER

BADGE NUMBER:	BADGE ISSUE / EXPIRATION DATE:				1	
		TO BE COMPLE	TED BY BADGE REQUESTOR			
NAME:						
LAST				FIRST	MI	
ORGANIZATION:			PHONE:	-		
RANK / TITLE: UNIT / SECTION:			EMAIL: OFFICE:	•		
_	–					
AGR: TECH (T32 / T5):	ADOS:					
STATE CIVILIAN:	T10:		REO	UESTOR SIGNAT	IIRE	
CONTRACTOR:		NEGOESTON GIGNATURE				
If your current badge	is expired or lost,	or if you have never	been issued a HID DoD Bad	lge, lease have yοι	ur Military or State	
		se bring this comple	ted form on the day of badge	e processing, and b	oring your photo ID card	
(i.e. Military ID, drive	r license, etc.					
TO BE COMPLETED BY SUPERVISOR / NEXT UP CHAIN OF COMMAND						
CIVIL DEFENSE	YES	STATE ID				
LOGO:	NO	BADGE:	SUPER	RVISOR'S PRINTED	NAME	
PROXIMITY	YES	NEW ISSUE:				
ACCESS CARD:	NO NO	LOST:		SUPERVISOR'S SI	GNATURE	
NEW ISSUE:	\dashv	EXPIRED:				
LOST:		RENEW:	REMARKS:			
FACILITY TO						
ACCESS: _ *DoD Contract			 year will NOT receive a HI Do	D Badge and Proxi	mity Access Card	
			, ,			
FOR J3 DOMS / JOINT OPERATIONS CENTER USE ONLY						
			ISSUED BY:			
PROXIMITY CARD #	#:	<u> </u>				
FACILITY CODE:				PRINT NAME		
				SIGNATURE		
				SIGNATURE		
REMARKS:						