

# REPORT OF LOST OR STOLEN IDENTIFICATION CARD

Date \_\_\_\_\_

## PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice MMN00010 (Personnel Services Working Files) published February 22, 1993, 58 FR 10630. **AUTHORITY:** 10 U.S.C. 1071-1087, 1441-1455, 1475-1488, 2771 6148a, b, and d; 31, U.S.C. 240-243; 37 U.S.C. 401 and 551, et. seq.; 38 U.S.C. 765-770, 2021-2026; 50 U.S.C. 1436, and E.O. 11016; 5 U.S.C. 301, Departmental Regulations. **PRINCIPLE:** Members and former members of the Marine Corps and Marine Corps Reserve; permanently and temporarily retired members of the Marine Corps and Marine Corps Reserve; members of the Fleet Marine Corps Reserve; Federal civil service employees of the Marines Corps; and dependents, survivors or appointed agents of the foregoing. **PURPOSE:** This information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b) (3). **DISCLOSURE: MANDATORY** for computer matching

**NOTE: This form will be presented to the Identification Card Center, MCAS New River-Bldg AS-122 for re-issuance.**

### 1. SPONSOR INFORMATION:

a. Name (Last, First, MI)

b. Grade/Rank

c. Unit

### 2. CARD TYPE:

☐

Sponsor

☐

Family Member

☐

Civilian

☐

Contractor

### 3. FAMILY MEMBER NAME (If Applicable) (Last, First, MI):

### 4. BACKGROUND INFORMATION:

a. I am reporting a loss/theft of my identification card.

b. I have conducted a thorough search for my identification card with no results. If located subsequent to the issuance of a replacement card, I will return the recovered card to the Identification Card Center or Provost Marshal's Office. I understand that to maintain two identification cards in my possession is a violation of regulations that may result in a fine of no more than 10,000 or imprisonment for no more than 5 years (ACT, 25 June 1984, 18 USC 287, 1001).

c. The circumstances surrounding the loss or theft of my identification card are as follows: (Print neatly with an ink pen)

### 5. CARD HOLDER'S SIGNATURE:

Date \_\_\_\_\_

### 6. PROVOST MARSHAL'S OFFICE, MCAS New River-Bldg AS 302

\_\_\_\_\_ reported a lost/stolen identification/common access card to the following Provost

(Name and Rank)

Marshal representative \_\_\_\_\_

on \_\_\_\_\_

(Name, Rank and Title)

(Date)

Report Number \_\_\_\_\_

(Name, Rank and Title)

### 7. CHAIN OF COMMAND NOTIFIED (ENLISTED: SGTMAJ; OFFICER: CO/XO):

\_\_\_\_\_  
Name and Rank

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Billet

\_\_\_\_\_  
Phone#