

BADGE #: \_\_\_\_\_

MICOM REG 190-1

**PERSONNEL IDENTIFICATION BADGE REQUEST**

1. SSN		2. NAME (Last, First, Middle)			3. E-MAIL ADDRESS	
4. OFFICE SYMBOL		5. WORK PHONE	6. ORGANIZATION/COMPANY NAME			
7. ORGANIZATION/COMPANY ADDRESS			8. HOME ADDRESS (Street, Apt #, City, State, Zip)			
9. HOME PHONE		10. TYPE OF EMPLOYEE: ( ) Civilian [Grade: _____] ( ) Military [Rank: _____] ( ) Contractor ( ) Other: _____				
11. JOB TITLE:		12. CITIZENSHIP ( ) U.S. ( ) Other: _____		13. RACE	14. HAIR COLOR	
15. EYE COLOR	16. SEX	17. HEIGHT	18. WEIGHT	19. BIRTHDATE	20. PLACE OF BIRTH	
21. ISSUE DATE	22. EXPIRATION DATE		23. SECURITY CLEARANCE		24: ( ) VCM REQUIRED ( ) VCM NOT REQUIRED	
25. COMMAND CODE(S)		26. ACCESS CODE (S) (Place signature beside code)				
27. APPROVING AUTHORITY SIGNATURE			28. APPROVING AUTHORITY NAME, TITLE, ORG, AND PHONE			
29. RECEIVED BY:			30. DATE RECEIVED:			

(Reverse)

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

### TITLE OF FORM

Personnel Identification

PRESCRIBING DIRECTIVE

MICOM Reg 190-1

1. **AUTHORITY:** Executive Order 9397, title 26, Sec 402-502
2. **PRINCIPLE PURPOSES:**
  - a. Positive personnel identification for security and control purposes.
  - b. Insure that only authorized personnel are allowed entry
  - c. Insure that authorized personnel are in compliance with DoD, Da and AMC regulations
3. **ROUTINE USES:**
  - a. Process badge request
  - b. Identify individual
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT-PROVIDING INFORMATION:** Information on this form is mandatory. Individuals not providing all of the information requested or providing false information will not be granted a security identification badge.