

21. REMARKS (Cite legal documentation, as applicable.)		NOTARY SIGNATURE AND SEAL	
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)			
22. SPONSOR/EMPLOYEE SIGNATURE		23. DATE SIGNED (YYYYMMDD)	
SECTION III - AUTHORIZED BY			
24. SPONSORING OFFICE NAME		25. CONTRACT NUMBER	
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)		27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)	28. OFFICE EMAIL ADDRESS
29. OVERSEAS ASSIGNMENT (Country)			
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)	31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)	32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.			
34. SPONSORING OFFICIAL NAME (Last, First, Middle)		35. UNIT/ORGANIZATION NAME	
36. TITLE	37. PAY GRADE	38. SIGNATURE	39. DATE VERIFIED (YYYYMMDD)
SECTION IV - VERIFIED BY			
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)	41. SITE IDENTIFICATION	42. TELEPHONE NUMBER (Include Area Code/DSN)	43. SIGNATURE
SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)			
44. NAME (Last, First, Middle)		45. GENDER	46. DATE OF BIRTH (YYYYMMDD)
47. RELATIONSHIP		48. SSN OR DoD ID NO.	
49. CURRENT HOME ADDRESS		50. PRIMARY EMAIL ADDRESS	51. TELEPHONE NUMBER (Include Area Code/DSN)
52. CITY	53. STATE AE	54. ZIP CODE	55. COUNTRY Algeria
56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)		
58. NAME (Last, First, Middle)		59. GENDER	60. DATE OF BIRTH (YYYYMMDD)
61. RELATIONSHIP		62. SSN OR DoD ID NO.	
63. CURRENT HOME ADDRESS		64. PRIMARY EMAIL ADDRESS	65. TELEPHONE NUMBER (Include Area Code/DSN)
66. CITY	67. STATE Connecticut	68. ZIP CODE	69. COUNTRY Angola
70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)		
SECTION VI - RECEIPT			
72. SIGNATURE			73. DATE ISSUED (YYYYMMDD)
Receipt of new card is acknowledged.			

DD FORM 1172-2, APRIL 2020

PREVIOUS EDITION IS OBSOLETE.

This form is valid for issue of DoD ID Card for 90 days from date of verification.

AGENCY DISCLOSURE NOTICE	
The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whd.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.	
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK	
PRIVACY ACT STATEMENT	
AUTHORITY: 10 U.S.C. Chapter 53, Miscellaneous Rights and Benefits; 10 U.S.C. Chapter 54, Commissary and Exchange B; Internal Security; DoD Instruction 1341.2, Defense Enrollment Eligibility Reporting System (DEERS) Procedures; Homeland Security Policy for a Common Identification Standard for Federal Employees and Contractors; and E.O. 9397 (SSN), as amended.	
PRINCIPAL PURPOSE(S): To apply for and enroll in the Defense Enrollment Eligibility Reporting System (DEERS) for DoD benefits. These benefits and privileges include, but are not limited to, medical coverage, DoD Identification Cards, access to DoD installations, buildings or facilities, and access to DoD computer systems and networks.	
ROUTINE USE(S): To Federal and State agencies and private entities; individual providers of care, and others, on matters relating to claim adjudication	

2