

# Request for ID Media for Non-IRS Employees

This form is required to request issuance of photo ID cards and/or access cards.

Per IRM 10.2.5, *Identification Media*, all ID media must be returned to your local FMSS security office no later than your last day of work upon separating from IRS. Any misuse or theft of official government property, including ID media, is punishable by imprisonment, a fine, or both per U.S.C Title 18, Part I, Chapter 33, Subsection 701, Official badges, identification cards, other insignia.

Contracting Officer Representative(s) are responsible for:

- Ensuring authorized contract employees in their span of control are issued the appropriate ID media, use, and display their ID media at or above the waist with photo visible.
- Completing a request for replacement ID media when ID/access card is damaged, expired, lost/stolen, no longer accurately depicts contract employee image or displays legal name, requires pseudonym, no longer requires designator.
- Recovering ID media of contract employees who separate on their last workday and immediately sending the recovered ID media to the local FMSS physical security office for disposition or retention. Unrecoverable ID media from separating contract employees must be reported to SAMC and TIGTA.

Contract employees are responsible for:

- Safeguarding their ID/access card
- Wearing ID cards at or above the waist with photo facing out in an approved cover with no obstructions to the card.
- Reporting lost/stolen ID media immediately to their COR, the local FMSS physical security office, the Situational Awareness Management Center (SAMC), and completing Form 4589, *Lost or Forgotten ID Card Record*.
- Returning subsequently found ID/access cards to the local FMSS physical security office.

For additional information, refer to IRM 10.2.5, *Identification Media*.

## Part I - Request for ID/Access Card

1. Type of request	2. Reason for reissuance	<input type="checkbox"/> Name change	<input type="checkbox"/> Lost/Stolen	<input type="checkbox"/> Expired
<input type="checkbox"/> Issuance	<input type="checkbox"/> Reissuance	<input type="checkbox"/> Damaged	<input type="checkbox"/> Other (explain) _____	
3. Type of card	<input type="checkbox"/> Smart ID card	<input type="checkbox"/> PAC card	<input type="checkbox"/> Proxy/Access card	
4. Building(s) name and address for authorized access				

## Part II - Contract Employee/Contracting Officer's Representative Information

1a. Contracting company name			
1b. Contracting company address (street, city, state, ZIP code)			
2a. Contract employee name (last, first, middle)		2b. Contract employee SEID	
2c. Contract employee date of birth	2d. Contract employee telephone number	2e. Contract employee IRS email address	
2f. Contract employee IRS building address (street, city, state, ZIP code)			
2g. Contract employee job title		2h. Federal Emergency Response Official <input type="checkbox"/> Yes <input type="checkbox"/> No	
2i. Contract employee signature	2j. Date	3a. Contract number	
3b. Contract dates Start date                      Ending date		3c. Dates contractor is working on contract Start date                      Ending date	
4a. COR name (last, first, middle)	4b. COR SEID	4c. COR office telephone number	
4d. COR office address (street, city, state, ZIP code)			
4e. COR signature		4f. Date	

5. Background Investigation (indicate whether a favorable BI has been completed and attach a copy of the staff-like access approval letter). If a background investigation has not been conducted no photo ID will be issued and the contract employee must be escorted while in IRS work areas by an IRS or contract employee approved for final staff-like access.

☐ Interim Staff-like Access Letter    Date of letter

☐ Final Staff-like Access Letter    Date of letter

### Part III - Limited Area Authorization

1. Limited area authorization (Check each authorized area(s))

☐ Receipt & Control    ☐ Computer Room    ☐ Files    ☐ Tape Library    ☐ Extraction

☐ Other (Identify area)

2a. Limited Area Manager name

2b. Limited Area Manager title

2c. Limited Area Manager signature

2d. Date

### Part IV - FMSS Physical Security Information (local physical security office use only)

1a. ID card serial number

1b. ID card issuance date

2a. Access card serial number

2b. Access card issuance date

3a. FMSS physical security personnel name

3b. FMSS physical security personnel signature

3c. Date

3d. FMSS physical security office address

### Part V - Recovery (local physical security office use only)

1a. ID card recovery date

1b. ID card serial number

2a. Access card recovery date

2b. Access card serial number

3. Reason for recovery

☐ Separation

☐ Replacement requested

4a. Card termination/destruction date

4b. Physical access termination date

5a. FMSS physical security personnel name

5b. FMSS physical security personnel signature

5c. Date

### Part VI - Unrecoverable ID Media

Document ID media not recovered by local physical security office (local physical security office use only)

1a. SAMC number

1b. SAMC report date

2. Form 4589 date

3a. TIGTA number (separating contract employees only)

3b. TIGTA report date (separating contract employees only)

4a. FMSS physical security personnel name

4b. FMSS physical security personnel signature

4c. Date

### Privacy Act Notice

The Privacy Act of 1974 requires that when we ask individuals for information about themselves, we state our legal right to do so, why we are asking for the information and how it will be used. We must also advise individuals what could happen if they do not provide it and whether their response is voluntary, required to obtain a benefit or mandatory.

Our right to ask for the information is 5 U.S.C. 301 and Executive Order 93-97. We are asking for the information to document the issuance of Service identification media and in recovery of I D media. The information may be used by the Security Office and/or TIGTA if the ID media is not returned upon separation or is reported lost/stolen so that any attempted unauthorized use of the ID media may be detected and investigated. If you provide false information, it may be disclosed to the Department of Justice for purposes of criminal prosecution and could lead to the imposition of penalties pursuant to 18 U.S.C. 701 and 18 U.S.C. 499. This information is not mandatory, however not providing all or part of the information may delay or prevent the issuance of ID media. No right, benefit or privilege that is provided by law will be denied because of refusal to provide the above information.

## Instructions for Form 13716-A, Request for ID Media for Non-IRS Employees

Contracting Officer Representative(s) (COR) are responsible for ensuring that new hire contract employees are issued appropriate ID media. If a contract employee loses their ID media or it is stolen, this must immediately be reported to the local FMSS physical security office so that the ID Media can be deactivated. When contract employees transfer to another location or separate from the IRS, it is the responsibility of the COR to recover all ID media and return to the local FMSS physical security office so that ID media may be deactivated and records reconciled.

This form is required to request ID media. If requesting ID media Part I through Part IV must be completed. If complete information is not received, issuance of ID media may be delayed or denied.

### Part I - Request for ID Card/Access Card

**Block 1. Type of Request**—Check one of the boxes indicating whether this is a new issuance or reissuance.

**Block 2. Reason for reissuance**—Check one of the boxes indicating reason for reissuance.

**Block 3. Type of Card**—FMSS will assess whether the contract employee will need a non-photo ID, SmartID badge, Proxy/Access card, or PAC card

**Block 4. Building(s) name and address for authorized access**—Provide name or GSA number and street address of building(s) contract employee is authorized to access.

### Part II - Contract Employee/Contracting Officer's Representative Information

**Block 1a. Contracting company name**—Provide name of the company that the contract is with.

**Block 1b. Contracting company address**—Provide street, city, state, ZIP code of contracting company.

**Block 2a. Contract employee name**—Provide contract employee name.

**Block 2b. Contract employee SEID**—Provide SEID.

**Block 2c. Contract employee date of birth**—Provide date of birth.

**Block 2d. Contract employee telephone number**—Provide the best number to reach contract employee.

**Block 2e. Contract employee email address**—Provide IRS email address, if applicable.

**Block 2f. Contract employee IRS building address**—Provide street, city, state, ZIP code of IRS facility where contract employee is posted.

**Block 2g. Contract employee job title**—Provide formal job title of contract employee.

**Block 2h. Federal Emergency Response Official**—Indicate whether contract employee is a federal emergency responder. Refer to FEROS Standard Operating Procedure (SOP) for more information.

**Block 2i. Contract employee signature**—Ensure all applicable fields are properly completed.

**Block 2j. Date**—Provide date of signature.

**Block 3a. Contract number**—Provide contract number.

**Block 3b. Contract dates**—Provide start and end date of contract.

**Block 3c. Dates contractor is working on contract**—Provide start and end date contract employee is working on contract.

**Block 4a. COR name**—Provide name of COR

**Block 4b. COR SEID**—Provide SEID.

**Block 4c. COR office telephone number**—Provide office telephone number of COR.

**Block 4d. COR office address**—Provide street, city, state, ZIP code of IRS facility where COR is posted.

**Block 4e. COR signature**—Ensure all applicable fields are properly completed.

**Block 4f. Date**—Provide date of signature.

**Block 5. NBIC Background Check**—Indicate whether an interim or final staff-like access letter has been issued.

### Part III - Limited Area Authorization

This portion of the form will only be completed if the contract employee will require access to a limited area and is to be completed and signed by the manager of the limited area.

### Part IV - Physical Security Information

**Block 1a. ID card serial number**—Provide serial number located on the back of the card listed underneath the bar code.

**Block 1b. ID card issuance date**—Provide date ID media was issued to contract employee.

**Block 2a. Access card serial number**—Provide serial number located on the back of the Access card listed underneath the magnetic strip.

**Block 2b. Access card issuance date**—Provide date Access card was issued to contract employee.

**Block 3a. FMSS physical security personnel name**—Provide name of FMSS physical security personnel.

**Block 3b. FMSS physical security personnel signature**—Ensure all fields in Part IV FMSS Physical Security Information are properly completed.

**Block 3c. Date**—Provide date of signature

**Block 3d. FMSS physical security office address**—Provide building name or street address, and room number of local FMSS physical security office.

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**Part V - Recovery**

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**Block 1a. ID card recovery date**—Provide date ID media was returned to local FMSS physical security office.

**Block 1b. ID card serial number**—Provide serial number located on the back of the card listed underneath the bar code.

**Block 2a. Access card recovery date**—Provide date Access card was returned to local FMSS physical security office.

**Block 2b. Access card serial number**—Provide serial number located on the back of the Access card listed underneath the magnetic strip.

**Block 3. Reason for Recovery**—Indicate reason ID media/Access card was recovered (i.e., separating, transferring)

**Block 4a. Card termination/destruction date**—Provide date ID media was terminated/destroyed.

**Block 4b. Physical access termination date**—Provide date access was removed in local access control system.

**Block 5a. FMSS physical security personnel name**—Provide name of FMSS physical security personnel.

**Block 5b. FMSS physical security personnel signature**—Ensure all fields in Part V FMSS Physical Security Information are properly completed

**Block 5c. Date**—Provide date of signature

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**Part VI - Unrecoverable ID Media**

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**Block 1a. SAMC number**—Provide SAMC incident report number.

**Block 1b. SAMC report date**—Provide date incident was reported to SAMC.

**Block 2. Form 4589**—Form 4589 must be submitted to local FMSS physical security office when ID media is lost.

**Block 3a. TIGTA number**—Provide TIGTA report number, which must be completed when ID media is unrecoverable from separating contract employee.

**Block 3b. TIGTA report date**—Provide date incident was reported to TIGTA.

**Block 4a. FMSS physical security personnel name**—Provide name of FMSS physical security personnel.

**Block 4b. FMSS physical security personnel signature**—Ensure all fields in Part VI Unrecoverable ID media are properly completed.

**Block 4c. Date**—Provide date of signature