

# APPLICATION FOR DEFENSE BIOMETRIC IDENTIFICATION SYSTEM

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

## PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM0512-2.

PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

## SECTION I - CONTRACTOR/EMPLOYEE INFORMATION / PERMANENT RESIDENT GUEST

|                               |                             |                   |  |                           |
|-------------------------------|-----------------------------|-------------------|--|---------------------------|
| 1. NAME (Last, First, Middle) | 2. GENDER                   | 3. LAST 4 OF SSN  | 4. STATUS                                    | 5. CONTRACTOR NAME        |
| 6. CITIZENSHIP                | 7. DATE OF BIRTH (YYYYMMDD) | 8. PLACE OF BIRTH |  |                           |
| 9. CURRENT HOME ADDRESS       |                             |                   | 10. CITY                                     | 11. STATE 12. ZIP CODE    |
| 13. PRIMARY E-MAIL ADDRESS    |                             |                   | 14. TELEPHONE NUMBER (Include Area Code/DSN) | 15. CITY OF DUTY LOCATION |

## SECTION II - CONTRACTOR - NOT REQUIRED FOR PERMANENT RESIDENT GUEST

|                               |                  |              |  |                                    |   |
|-------------------------------|------------------|--------------|--|------------------------------------|---|
| 16. WORK SITE<br>NSA BETHESDA | 17. COMPANY NAME |              |  |                                    |   |
| 18. PRIMARY E-MAIL ADDRESS    |                  |              | 19. TELEPHONE NUMBER (Include Area Code/DSN) |                                    |   |
| 20. CITY                      | 21. STATE        | 22. ZIP CODE | 23. COUNTRY<br>USA                           | 24. CONTRACT START DATE (YYYYMMDD) | 25. CONTRACT EXPIRATION DATE (YYYYMMDD) |
| 26. CONTRACTOR ORGANIZATION:  |                  |              |  |                                    | WORK HOURS                              |
| 27. ADDRESS:                  |                  |              |  |                                    |   |
| 28. CONTRACTOR POC:           |                  |              |  |                                    |   |
| 29. RELATIONSHIP              |                  |              |  |                                    |   |

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.)

## SECTION III - GOVERNMENT SPONSOR / PERMANENT RESIDENT SPONSOR

|   |  |  |
|---|--|--|
| 30. SPONSORING OFFICE NAME<br>WRNMMC-Graduate Medical Education                                     |  | 31. CONTRACT NUMBER  |
| 32. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)<br>8955 Wood Road, Bethesda, MD 20889 | 33. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)<br>301-400-3995 | 34. OFFICE EMAIL ADDRESS<br>8955 Wood Road, Bethesda, MD 20889 |
| 35. CONTRACT START DATE (YYYYMMDD)  |  | 36. CONTRACT 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.

37. SPONSORING OFFICIAL NAME (Last, First, Middle)

|           |               |               |                              |
|-----------|---------------|---------------|------------------------------|
| 38. TITLE | 39. PAY GRADE | 40. SIGNATURE | 41. DATE VERIFIED (YYYYMMDD) |
|-----------|---------------|---------------|------------------------------|

## SECTION IV - VISITOR CONTROL CENTER

|                             |                         |  |               |
|-----------------------------|-------------------------|--|---------------|
| 42. VETTING DATE (YYYYMMDD) | 43. SITE IDENTIFICATION | 44. TELEPHONE NUMBER (Include Area Code/DSN) | 45. SIGNATURE |
|-----------------------------|-------------------------|--|---------------|

## SECTION V - RECEIPT OF DBIDS CREDENTIAL

Receipt of new card is acknowledged.

|               |                            |
|---------------|----------------------------|
| 46. SIGNATURE | 47. DATE ISSUED (YYYYMMDD) |
|---------------|----------------------------|