## \*\*PHOTO WITH RED BACKGROUND\*\*\* ID CARD FORM

ALL INFORMATION IS REQUIRED TO YOUR CREATE CARD Please insert information below each line: 1- STATUS (ACTIVE) (BETIBED) (HONOBARY) (COMMODORE)

(ACTIVE) (RETIRED) (HONORARY) (COMMODORE)

2- NAME (First Middle L Last)

3- EMPLOYEE/ID (Member Number 7 digit)

4- QUALIFICATIONS (Basically Qualified or AUXOP)

> 5- DATE OF BIRTH (Year Month Day)

> > 6- WEIGHT (Pounds)

7- HEIGHT

(Inches)

**8- HAIR COLOR** 

9- EYE COLOR

**10- BLOOD TYPE** 

FLOTILLA NUMBER

Address:

''

City

State

Zip

eMail:

Phone

Send completed form to Jack Granger john.granger@uscg.mil

Submit Form