



# REQUEST FOR AUXILIARY ID CARD

**A new photo will be needed in order to produce your ID Card. Contact your FC and/or FSO-HR for help in making sure it is done with the correct (red) background.**

Member Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Daytime Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for replacement/ issuance of my Coast Guard Auxiliary ID Card:

Expired ID Card

Initial Card

Lost ID Card *After receiving my new card, if the lost card is found, I will notify the Director of Auxiliary Office at the email listed below and destroy the old card* \_\_\_\_\_

Member Initials

Stolen ID Card *After receiving my new card, if the stolen card is recovered, I will notify the Director of Auxiliary Office at the email listed below and destroy the old card* \_\_\_\_\_

Member Initials

Damaged ID Card (broken, bent, ink fading, etc.)

**Once I receive my replacement ID card, I will notify the Director of Auxiliary Office by email at the address listed below and destroy my old card** \_\_\_\_\_

Member Initials

Short explanation or additional information as to why your card needs to be replaced:

**Please provide this information**

**for your new ID card:** Weight \_\_\_ Inches \_\_\_ Height \_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Blood Type \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_

**g Proper ID photo with red background has been emailed to [smb-d14honolulu-pj-dpa-aux@uscg.mil](mailto:smb-d14honolulu-pj-dpa-aux@uscg.mil).**

Please confirm your mailing address for our records:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Please sign/date and then fax, email or mail this form to the Director of Auxiliary Office:

**Director of Auxiliary  
14<sup>th</sup> Coast Guard District  
300 Ala Moana Blvd, 9-207  
Honolulu, HI 96850-4982**

**EMAIL: [smb-d14honolulu-pj-dpa-aux@uscg.mil](mailto:smb-d14honolulu-pj-dpa-aux@uscg.mil)**