## **EDSR** FORM 2025: Auxiliary ID Card Application



10: D22K DIKAUX via FC	OSTRICT SOUTHERN RED.
Date:	
Complete Division and Flotilla Number: 054-	
Auxiliary ID Number:	
Last Name and qualifiers (Jr., II, III, etc.):	
First Name:	Middle Initial:
Weight In LBS	Height in Inches:
Hair Color:	Eye Color:
Blood Type - RH factor inclusive (e.g., A+, O If unknown write UNK):	
Photo Must Be Emailed as a Separate ATTACHMENT.	
Utilize a full facial photograph of the Auxiliarist. The image o photo field. The photo field should extend from slightly above tabs. No hat or other head gear of any type may be worn. Mured background.	ve the top of the head to no lower than collar
Flotilla Commander's Name:	
Flotilla Commander's Signature:	