

RALPH H. JOHNSON VAMC IDENTIFICATION BADGE FORM

Section 1: Employee Information (COMPLETED BY EMPLOYEE)

Please fill out Section 1 completely. A valid driver's license or government issued photo identification card along with another form of government identification needs to be presented at the time of badge issuance.

Name: _____
Last First Middle

SSN: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone #: _____ Job Title: _____

Race: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Place of Birth (City/State): _____

Dept/Service Line: _____

Signature of Sponsor Date

Section 2: Identification Verification (COMPLETED BY PIV PERSONNEL)

Photographic Identification Information 1

Exact name on Photo ID: _____

Document Type: _____

Issuing Authority: _____

Document Identification #: _____

Issuance Date: _____

Expiration Date: _____

Identification Information 2

Exact name on Photo ID: _____

Document Type: _____

Issuing Authority: _____

Document Identification #: _____

Issuance Date: _____

Expiration Date: _____

****TO BE SIGNED BY EMPLOYEE WHEN BADGE IS PICKED UP**

Signature of Employee Date