

52d Force Support Squadron Application to Renew Dependent ID Card

Sponsor Infor	mation:	
First Name		Last Name
E-mail Address		Phone Number
DOD ID Number		Completed DD Yes Form 1172 No
Dependent In	formation (If Applicable):	
First Name		Last Name
ID Expiration Date		ID Card Lost/ Stolen
Address:		
Street Address		City
State		ZIP Code
Dependent Cl	hildren Information (If Appl	icable):
I. Is the Dependent over 21	Yes, go to question 2Yes, enrolled in Tricare Young Adult ProgramNo	2. Full time Student Yes, Letter from registrar office attached No, Stop and obtain letter from registrar office
Two Forms of	Identification:	
Primary Identity	y Source Document	
Secondary Iden	tity Source Document	

