



The Virginia Defense Force

Application for Identification Card



UNIT:		Date:	VDF Entry Date:
1. Last Name, First, Middle (FULL LEGAL NAME)			
2. Principal Residence Address:			
3. Mailing Address:			
4. Home Phone		5. Office Phone	6. Cell Phone
7. Email Address:			
8. Check Reason for Requesting Card*			
<input type="checkbox"/> Initial Issue <input type="checkbox"/> Replace Lost card - \$10 <input type="checkbox"/> Replace Mutilated Card <input type="checkbox"/> Expiration <input type="checkbox"/> Reenlistment <input type="checkbox"/> Correct a VDF error <input type="checkbox"/> Change of Identification or Rank <input type="checkbox"/> Other (Specify) - \$5		If replacing lost card, state circumstances under which card was lost. Details of "Other" Reason for requesting card <input type="checkbox"/> Check here if fee is attached.	
9. Rank	13. ID # (if known)		
10. Date of Birth	14. Weight	Signature of Unit Approving Authority Printed Name	
11. Height	15. Color of Hair		
12. Color of Eyes	16. Blood Type		
17. FEMA COURSES COMPLETED:			
___ IS100 ___ IS200 ___ IS700 ___ IS800b ___ IS300 ___ IS317 ___ IS400			
18. ID CARD SIGNATURE BLOCK: Applicant must sign within the box below for their ID card.			
		<i>By signing this form, I hereby attest that all information is true and accurate. YOUR SIGNATURE MUST BE WITHIN THE CONFINES OF THE BOX TO THE LEFT.</i>	
FOR DIVISION USE ONLY:		Date of Issue:	Expiration Date:
			Secured ID Number:

THIS FORM IS NOT BE ALTERED IN ANY WAY

In compliance with the Department of Homeland Security, your actual address must be included on identification cards. The fees for the reasons outlined above is mandatory.