



***D.C. Federation of Civic Associations, Inc.***

P. O. Box 4549  
Washington, DC 20017  
[www.dcfca.org](http://www.dcfca.org)

***87<sup>th</sup> Annual Awards Celebration & Scholarship Luncheon***

May 24, 2017

Dear Association Presidents,

The D.C. Federation of Civic Associations, Inc.'s 87th Annual Awards Celebration & Scholarship Luncheon will be held on Saturday, November 4, 2017 at 11:00 AM at the Washington Navy Yard Catering and Conference Center, 1454 Parsons Avenue, S.E. Washington, D.C. We hope that each member association will participate and lend their support to the success of our annual event to acknowledge civic service and to raise money for our scholarship fund.

We are asking each DCFCA member association to:

- Purchase a table to support the awards luncheon, including a ticket(s) for your association's Grass Roots Honoree. (Individual tickets are \$60.00 each; tables of ten are \$600.00 each.)
- Submit your nominees for each of the ten (10) awards categories. (A description of the awards categories and nomination form is enclosed. Please print or copy that form as needed.)
- Become a Patron of the Scholarship Fund with a \$75.00 donation.
- Solicit and or purchase at least three (3) ads from among your civic association members, friends, and goods and service providers to be printed in the souvenir program booklet. (The ad rates and purchase agreement are enclosed. Please print or copy that form as needed.)
- Get at least 5 contributors to the scholarship fund from among your civic association members, friends, and goods and service providers. (All scholarship donations will be listed in the Souvenir Program, if received by October 13, 2017.)

Please submit all requested nominations on the enclosed form (please print or copy as needed) and make sure the submitted information is legible and easy to read. We would also like to have a small photo of the nominees to print selected awardees in

the souvenir program as space permits. All nominations should be submitted by September 19, 2016 to Viola E. Daniels, Chair of the Awards Committee, and mailed to 1655 Webster Street, NE, Washington, DC 20017, or emailed to Graylin W. Presbury at [presbug@aol.com](mailto:presbug@aol.com) or faxed to Mr. Presbury at 202-478-1680. If you have any questions, please call Mrs. Daniels at 202-526-3593 or Mr. Presbury at 202-678-0291.

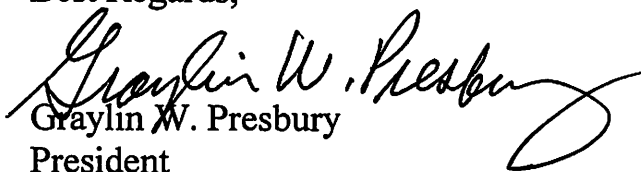
Members, community leaders, friends and businesses should purchase tickets through their member association and the association in turn should submit payment by check, money order or major credit card (plus an applied fee) to the D.C. Federation of Civic Associations for the total number of tickets being purchased (\$60.00 each/\$600 per table). All tickets must be paid for by October 13, 2017. **NO TICKETS WILL BE SOLD AT THE DOOR.**

Please note, the Navy Yard is a military installation with heightened security concerns; therefore a security form (enclosed in this package) for each guest must be submitted with their ticket payment by October 13, 2017. I cannot emphasize this more, only people with valid military ids will be admitted without a security form; **EVERYONE ELSE MUST PROVIDE A COMPLETED SECURITY FORM.** In addition, a photo ID is required for onsite admission to the base on the day of the luncheon, there will be **NO EXECPTIONS!** Don't be stopped at the gate! For all concerns, please call Graylin Presbury at H: 202-678-0291 or M: 202-549-7730, Email: [presbug@aol.com](mailto:presbug@aol.com), with Awards Luncheon in the subject line.

Ad sizes and prices are attached. All ads and payments should be sent to Graylin Presbury **NO LATER THAN** October 13, 2017.

We know that you will want your members, neighbors, friends, business partners and service providers to participate in this DCFCA scholarship fundraising event and we ask that you work to ensure their maximum involvement. Additional copies of any information contained in this package may be obtained from Mr. Presbury. The success of our 87th Annual Awards Celebration and Scholarship Luncheon depends on your support and participation. Please lend your support to this endeavor.

Best Regards,

  
Graylin W. Presbury  
President

## ***87<sup>th</sup> Annual Awards Celebration & Scholarship Luncheon***

### **2017 Awards Nominations Categories**

#### **Outstanding Member Association Award**

Sponsored by **DC Federation of Civic Associations, Inc.**

This award is bestowed on a member association that has contributed significantly to the vitality of its neighborhood, to the health and welfare of the city and to the work of the Federation. Please attach a description of the nominee's accomplishment(s) in 250 words or less.

#### **Outstanding President of a Member Association Award**

Sponsored by **DC Federation of Civic Associations, Inc.**

This award is bestowed on a president of a member association who has contributed the most in improving and informing the association's community in the last two years. Please attach a description of the nominee's accomplishment(s) in 250 words or less.

#### **Outstanding Male Delegate Award**

Sponsored by **Washington Gas Company**

This award is bestowed on a male delegate to the Federation who has contributed significantly to the life and work of the Federation, to his own association and to the community in the last two years. Please attach a description of the nominee's accomplishment(s) in 250 words or less.

#### **Outstanding Female Delegate Award**

Sponsored by **Verizon**

This award is bestowed on a female delegate to the Federation who has contributed significantly to the life and work of the Federation, to her own association and to the community in the last two years. Please attach a description of the nominee's accomplishment(s) in 250 words or less.

#### **Outstanding Senior Citizen Delegate Award**

Sponsored by **Pepco**

This award is bestowed on a senior citizen delegate to the Federation who has contributed significantly to the life and work of the Federation, to his or her own association and to the community in the last two years. Please attach a description of the nominee's accomplishment(s) in 250 words or less.

## ***87<sup>th</sup> Annual Awards Celebration & Scholarship Luncheon***

# **2017 Awards Nominations Categories, Cont'd**

### **Outstanding Member Association Newsletter Award**

Sponsored by the Washington Post

This award is bestowed on the most outstanding newsletter published by a member civic association. Please submit issues from August, 2015 through the latest edition for 2016. Please include the name of the Editor of the Newsletter on the Nomination Form. Please attach a description of the nominee's accomplishment in 250 words or less.

### **Outstanding Individual in Civil Rights "George H. Richardson" Award**

Sponsored by McGuire Funeral Service

(In honor of George H. Richardson, the first president of DCFCA)

This award is bestowed on an individual, regardless of civic affiliation, in recognition of conspicuous leadership in Civic rights, either locally or nationally, over the past year or during a lifetime. Please attach a description of the nominee's accomplishments in 250 words or less.

### **Consumer Advocacy Award**

Sponsored by the Office of the People's Counsel

The Office of People's Counsel makes this selection.

### **Grass Roots Honoree**

Sponsored by Local Member Associations

Please submit a statement, in 250 words or less of the honoree's services and good deeds.

### **Mother of the Year of a Member Association**

Please submit a statement of 250 words or less describing why this person should be awarded for being the best Mother of the year. A certificate will be provided by the DC Federation of Civic Associations Inc.

### **Father of the Year of a Member Association**

Please submit a statement of 250 words or less describing why this person should be awarded for being the best Father of the year. A certificate will be provided by the DC Federation of Civic Associations Inc.

**All nominations must be submitted  
to the Awards Selection Committee not later than the  
October 13, 2017 deadline.**



***D.C. Federation of Civic Associations, Inc.***

P. O. Box 4549  
Washington, DC 20017  
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***87<sup>th</sup> Annual Awards Celebration & Scholarship Luncheon***

**2017 Awards Nominations Form**

***\*\*Please print or copy this form as necessary\*\*  
to make each of your nominations.***

**Name of Award:**

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**Name of Award Nominee:**

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**Nominee's Address:**

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**Name of Nominating Civic Association:**

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**Name of Association President:**

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**Name of Nominator:**

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**Contact Person:**

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**Contact Telephone: Days:**

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**Evenings:**

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**Contact Email address:**

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**Date:**

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Attach, or enclose, on a separate sheet your nomination narrative or justification (comments or description of nominee's contribution or accomplishments) for this nomination. If selected, as much as practical, this narrative will be included in the Awards Luncheon souvenir program booklet. Please do not exceed the specified word limit for your nomination.

Please submit all nominations by the October 13, 2017 deadline.  
Send completed forms and narratives to:

Viola E. Daniels  
Awards and Luncheon Committee  
1655 Webster Street, NE  
Washington, DC 20017



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**87<sup>th</sup> Annual Awards Celebration & Scholarship Luncheon**

**Saturday, November 4, 2017**

**ADVERTISEMENT PURCHASE AGREEMENT**

**\*\*Copy or print this form as necessary. Only one ad per agreement.\*\***

<u>Advertisement Placement/Size</u>	<u>Cost*</u>
Full Page, Back Cover (Outside):.....	\$ 1,000.00
Full Page, Back Cover (Inside):.....	\$ 750.00
Full Page, Front Cover (Inside):.....	\$ 750.00
Full page:.....	\$ 350.00
One half page (Landscape):.....	\$ 200.00
Quarter page (Portrait):.....	\$ 125.00
Business Card (Landscape):.....	\$ 75.00
Patron Listing:.....	\$ 75.00

***\*NOW ACCEPTING ALL MAJOR CREDIT CARDS...***

Cost of your ad: \$ \_\_\_\_\_  
If not camera ready, add \$15.00: \$ \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_  
Amount enclosed: \$ \_\_\_\_\_

Name of Company or Organization: \_\_\_\_\_

Signature of Authorizing Official: \_\_\_\_\_

Name of Authorizing Official (Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Tel.: \_\_\_\_\_ Evening Tel.: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit camera-ready ads, with your payment and this form no later than

**Friday, October 13, 2017.**

Make payment to: **D.C. Federation of Civic Associations**

Mail or email advertisement and or payment to:

Graylin W. Presbury

1331 Ridge Place SE

Washington, DC 20020

H: 202-678-0291, M: 202-549-7730, Email: presbug@aol.com

## DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

## PRIVACY ACT STATEMENT:

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM05512-2.

**PURPOSE(S):** To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

**ROUTINE USE(S):** To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.

**DISCLOSURE:** Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

## IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN <sup>2</sup> OR OTHER PACIFIC ISLANDER					
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:		9. CITY OF BIRTH:		10. STATE OF BIRTH:	
11. BIRTH COUNTRY:		12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO					
13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):							

## U.S. Citizen Minimum Documentation Required:

By Birth - Social Security No and/or State ID/Drivers License.

Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License.

Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.

## Alien Minimum Documentation Required:

Registration Number, Expiration date, Date of entry, Port of entry.

14. IDENTITY SOURCE DOCUMENTS PRESENTED:		15. DOCUMENT NUMBER:		16. ISSUED BY STATE/COURT:		17. ISSUED BY COUNTRY:		18. ISSUED:		19. EXPIRES:	
<input type="checkbox"/> Social Security No.						United States					
<input checked="" type="checkbox"/> State ID/Drivers License						United States					
<input type="checkbox"/> Passport No.											
<input type="checkbox"/> Certification Number and Petition Number											
<input type="checkbox"/> Derived - Parent's Certification Number:						United States					
<input type="checkbox"/> Alien Registration No.						United States					
				Date of Entry:		Port of Entry:					

## OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>					
<input type="checkbox"/>					

20. WEIGHT (Pounds):		21. HEIGHT (Inches):		22. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald				23. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown			
24. HOME ADDRESS (Include city, state, zip code):								HOME PHONE (Include Area Code):			
25. BASE SPONSOR'S NAME: MWR/CCC								SPONSOR PHONE (Include Area Code): 202-433-3041 OR 202-433-4312			

## EMPLOYMENT ACTIVITY INFORMATION

26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code): N/A								EMPLOYER PHONE (Include Area Code):			
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code): N/A								SUPERVISOR PHONE (Include Area Code):			



28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:

WORK HOURS: ☐ 0600-1800 ☐ 0800-1700 ☒ OTHER \_\_\_\_\_ WORK DAYS: ☐ SN ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ ST

PRIOR FELONY CONVICTIONS

29. Have you ever been convicted of a Felony? ☐ YES ☐ NO \_\_\_\_\_ Initial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. \_\_\_\_\_ (initial)

AUTHORIZATION AND RELEASE AND CERTIFICATION

31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:		38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:

Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on an DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.



## Instruction for completing the Local Population Access Registration Form

**INSTRUCTIONS:** Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

**RESTRICTIONS:** Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction.

Review the Privacy At Statement that is printed at the top of the form

<p>Block 1: Enter the Last Name.  Block 2: Enter the First Name.  Block 3: Enter the Middle Name.  Block 4: If applicable, check the box for Name Suffix.  Block 5: Check the applicable box for Hispanic or Latino.  Block 6: Check the applicable box for Race.  Block 7: Check the applicable box for Gender.  Block 8: Enter Date of Birth.  Block 9: Enter City of Birth.  Block 10: Enter State of Birth.  Block 11: Enter Country of Birth.  Block 12: Check the applicable box for US Citizenship.  Block 13: If not a US Citizen, enter the name of the Country of Citizenship.  Block 14: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present.  Block 15: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 14.  Block 16: Enter the State that issued the Identity Source Document.  Block 17: Enter the Country that issued the Identity Source Document.</p>	<p>Block 18: Enter the Date that the Identity Source Document was issued.  Block 19: Enter the Date that the Identity Source Document will expire.  Block 20: Enter Weight in pounds.  Block 21: Enter Height in inches.  Block 22: Check the applicable box for Hair Color.  Block 23: Check the applicable box for Eye Color.  Block 24: Enter Home Address including City, State, Zip Code, and Home Telephone Number.  Block 25: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number.  Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number.  Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number.  Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days.  Block 28: Check the applicable answer if you have been convicted of Felony and enter initials.  Block 29: Check the applicable box for felony conviction.  Block 30: Enter initials to accept terms for returning Local Population Identification Card.  Block 31: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.</p>
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### LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired ~~30~~<sup>31</sup>

Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card.</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551).</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766).</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> <li>a. Foreign Passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM.</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card.</li> <li>5. U.S. Military card or draft record.</li> <li>6. Military dependent's ID card.</li> <li>7. U.S. Coast Guard Merchant Mariner Card.</li> <li>8. Native American tribal document.</li> <li>9. Driver's license issued by a Canadian government authority.</li> </ol> <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card.</li> <li>11. Clinic, doctor, or hospital record.</li> <li>12. Day-care or nursery school record.</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION.</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION.</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545).</li> <li>3. Certification of Birth issued by the Department of State (Form DS-1380).</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal.</li> <li>5. Native American tribal document.</li> <li>6. U.S. Citizen ID Card (Form I-197).</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179).</li> <li>8. Employment authorization document issued by the Department of Homeland Security.</li> </ol>

The remainder of the form will be completed by the Base Registrar Person conducting Identity Proofing process and NCIC check.

#### AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB 0703-0061. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN COMPLETED FORM TO THE ABOVE ADDRESS.

Completed form should be submitted to the Base Registrar.