



# The Virginia Defense Force

## Application for Identification Card



<b>UNIT:</b>		<b>Date (DDMMYYYY):</b>		<b>VDF Entry Date (DDMMYYYY):</b>	
<b>1. Last Name, First, Middle (FULL LEGAL NAME):</b>					
<b>2. Principal Residence Address:</b>					
<b>3. Mailing Address (If Different from #2):</b>					
<b>4. Home Phone:</b>		<b>5. Office Phone:</b>		<b>6. Cell Phone:</b>	
<b>7. Email Address:</b>					
<b>8. Check Reason for Requesting Card</b>					
<input type="checkbox"/> Initial Issue (no charge)		If replacing lost card, state circumstances under which card was lost:        Check here if fee is attached.			
<input type="checkbox"/> Replace Lost card - \$10					
<input type="checkbox"/> Replace Mutilated Card - \$10					
<input type="checkbox"/> Expiration (no charge)					
<input type="checkbox"/> Reenlistment (no charge)					
<input type="checkbox"/> Correct a VDF error (no charge)					
<input type="checkbox"/> Change of Identification or Rank (no charge)					
<input type="checkbox"/>					
<b>9. Rank:</b>		<b>13. ID #</b>		Signature of Unit Approving Authority    Printed Name:	
<b>10. Date of Birth:</b>		<b>14. Weight:</b>			
<b>11. Height:</b>		<b>15. Color of Hair:</b>			
<b>12. Color of Eyes:</b>		<b>16. Blood Type:</b>			

Per VDFR 600-8-14, applicant must have attended three (3) drills in a row before card will be issued.

<b>17. ID CARD SIGNATURE BLOCK:</b> Applicant must sign within the box below.			
		By signing this form, I hereby attest that all information is true and accurate. <b>YOUR SIGNATURE MUST BE WITHIN THE CONFINES OF THE BOX TO THE LEFT.</b>	
<b>FOR FORHQ USE ONLY:</b>	Date of Issue:	Expiration Date:	Verified ID Number:

**THIS FORM IS NOT TO 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 are mandatory.

**VDF Form 600-8-14 Rev. 31AUG15. All previous VDF ID Card Application forms are obsolete.**