



Dependent ID Card Renewal Application

Complete a separate application for each dependent requesting new card

Reason for new ID card:

Damaged Expired/Expiring Lost/Stolen (If lost or stolen, complete memo located on 325fss.com.)

Sponsor Information

First Name: _____ Last Name: _____
 E-mail Address: _____ Phone Number: _____
 DoD ID Number: _____ Completed 1172-2 online Yes No (sponsor must complete BEFORE submitting for dependents only)
 ID Expiration Date (mm/dd/yyyy): _____ [\(https://www.dmdc.osd.mil/milconnect/\)](https://www.dmdc.osd.mil/milconnect/)
Sign in > more goals > view ID card info > select "Replace ID Card" under applicable dependent(s) > go through final process.
 Alternate site: https://pki.dmdc.osd.mil/self_service

Dependent Information

First Name: _____ Last Name: _____
 ID Expiration Date (mm/dd/yyyy): _____

Dependent Child Information (If Applicable)

- | | |
|--|--|
| <p>1. Is the child 21 yrs or older?</p> <p>Yes, enrolled in a full time accredited institution of higher learning
(Proceed to Question #2)</p> <p>Yes, not enrolled in a full time accredited institution of higher learning</p> <p>No</p> | <p>2. Full time students MUST have a letter from the school's registrar</p> <p>Yes, letter is attached</p> |
|--|--|

Address of member getting the ID Card:

Street Address: _____
 City: _____ State: _____ Zip Code: _____

Photo was taken within last 7 days:

Two forms of identification submitted (not required for children under age 18):

Note: Names must match and not be expired. Copies of both must be submitted with application. The same forms must be presented to the customer support technician at the MPF by the dependent picking up the card.

#1 – _____
 #2 – _____
 Comments: _____

NEXT STEPS: Upload this completed renewal application with 2 forms of identification a photo of dependent (taken on white/off-white background, shoulders up) to AMRDEC SAFE at <https://safe.amrdec.army.mil/safe/> and e-mail to 325th Customer Support Section at 325FSS.FSMPS@us.af.mil.
Please put subject as: Online Dependent ID Card request. An encrypted message can also be sent to the e-mail address above. Please allow up to 5 business days before calling 850-283-2276/3672/0176 to check the status. An e-mail will be sent to the provided e-mail address when card is ready for pick up. The Sponsor does not need to be present for pick up. The member(s) receiving the card will need to sign the ID at pick up, unless under 18yrs.

ACTIONS to be completed by the MPF ONLY (enter date & initials of customer service technician completing action)

Request received: _____ Card was created: _____
 E-mail was sent for pick up: _____ Dependent picked up card: _____