



Dependent ID Card Renewal Application

Complete a separate application for each dependent requesting new card

Sponsor Information

First Name: _____ Last Name: _____
 E-mail Address: _____ Phone Number: _____ duty _____ cell _____
 DOD ID Number: _____

Completed 1172-2 online Yes No *(sponsor must complete BEFORE submitting)*
<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): _____ Reason for new ID card:
 Lost/Stolen Damaged Expired/Expiring
Complete lost or stolen memo

Photo was taken within the last 7 days: _____

Address of member getting the ID Card:

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

Dependent Child Information (If Applicable)

1. Is the child > 21 yrs?
 Yes (go to #2, must be full time student)
 Yes, enrolled in Tricare Young Adult Program
 No

2. Full time students MUST have a letter from the school's registrar
 Yes, letter is attached

Two forms of identification submitted

Note: copies of both must be submitted with application. The same forms must be presented to the customer service technician at the MPF by the dependent picking up the card.

#1 – _____
 #2 – _____
 Comments: _____

NEXT STEPS: Upload this completed renewal application with 2x 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 55FSSFSMPSIntro@us.af.mil
 An encrypted message can also be sent to our e-mail address above. Please allow up to 7 days before calling 402-294-2374 to check on 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.

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: _____