ATTACHMENT "C" (LONG FORM)
(*MORE THAN 90 DAY STAY*)
DDSP SECURITY INFORMATION

Social Security Number:	PASS AND ID Use Only: Date Issued:
Last Name:	
First Name:	
Middle Initial:	
Prime Contractor:	ID Number:
Sub-Contractor:	
Destination:	

Point of Contact:
POC Phone Number:
Emergency Remarks (Health Problems, Medications, etc:)

Address:
City
State: Zip Code:
Home Phone Number:
Birth Date (DD/MM/YYYY):
Birth Place (City, State, Country):
Emergency Contact Name:
Emergency Contact Phone Number:
Sex: Male ( ) Female ( )
Height in Inches: ( ) inches
Weight in Pounds: ( ) pounds
Eye Color:
Hair Color:
Length of Stay:
Number of Days:
Number of Months:
Number of Years:

Name:
Driver License Number:
State License:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make:				
Model:				
Year:				
Style:				
Color:				
Plate Number:				
Plate State:				
Decal:				
Date Issued:				