INSTRUCTIONS FOR COMPLETING FORM DS-1838 - PAGE 1

This form must be completed by the U.S. Department of State Sponsor for the applicant. To determine the U.S. Department of State Sponsor for a particular applicant or to resolve any other questions please see the United States Department of State Building Pass Identification Card Procedural Handbook. A copy of this handbook is available from Diplomatic Security Identification Services.

INSTRUCTIONS

1. **Applicant Name** - Enter the applicant's complete legal name.

2. **Social Security Number** - Enter the applicant's Social Security Number.

3. **Date of Birth** - Enter the applicant's date of birth. Please enter the date in the mm-dd-yyyy format, for example 02-24-1999 would be entered:

4. **Citizenship** - Check the box for UNITED STATES if the applicant is a United States Citizen. Otherwise check OTHER and write in the country of citizenship. If the applicant is NOT a United States Citizen, a memorandum from the Bureau Executive Office must be attached to this application certifying the need for a Non-U.S. Citizen and that the applicant will not have access to classified information.

5. **Dual Citizenship** - For applicant's claim of dual citizenship, specify the other country that the applicant claims to be a citizen of.

6. **Gender** - Check the appropriate box for the applicant's sex.

7.-11. **Applicant Home Address** - Enter the applicant's street address (number and street name), apartment or suite number if applicable, city and state of residence and the address ZIP code. -

12. **Applicant E-Mail Address** - (Optional) Enter the applicant's personal (home) or office (if one has been established) E-Mail address.

13. **Employer Name** - Enter the applicant's employer. If the applicant is a DOS government employee, enter "U.S. Department of State". If the applicant is a contractor, vendor, or caterer enter the company name and NOT the Government Agency that holds the contract

14. **Employer Phone Number** - Enter the applicant's employer business telephone number.

15. **Employer FAX Number** - Enter the applicant's employer business Fax number.

16.-20. **Employer Address** - Enter the applicant's business address (number and street name), suite number if applicable, city and state of business

21. **State Department Sponsor** - Type or Print the name of the DOS employee responsible for requesting the applicant's building pass. For DOS government applicants, Bureau EX/HR employee required. For contractors, CO/COR or Bureau EX employee required.

22. **Sponsor Office Phone Number** - Enter the telephone number of the DOS employee responsible for requesting the applicant's building pass.

23. **Sponsor Type** - Check the box for the type of sponsorship for this applicant. If not shown check OTHER and specify the type.

24. **Sponsor Office Symbol** - Enter the sponsor's DOS or USAID Office Symbol.

25. **Type of Building Pass** - Check the box for the type of building pass requested. If the request is for a DOS government employee, include the six digit DOS Organizational code for the office the applicant works in. If for a contractor, insure line items 27, 28, 29 are also completed. If for an employee of another US Government Department or Agency, specify the Department or Agency. If for a member of the Press, check whether the news organization is Foreign or Domestic. If Other is selected, please specify.

26. **Escort Authority** - Indicate whether or not the applicant will be required to escort uncleared visitors. The escort must have a security clearance or public trust status.

27.-29. **Contract Number** - Complete this section only if the applicant is a contractor or vendor. Enter the contract number, contract start and expiration dates, and whether the contract is classified or not.

30. **Hours of Access** - Check the appropriate box for the hours of access to U.S. Department of State facilities required for the applicant. Normal (7:00 am - 6:30 pm, M-F), Special (5:30 am - 6:30 pm, M-F), and Full Time (24-7).

31. **Type of Access** - Check the appropriate box for applicant's access to State Department Facilities and Computer Systems.

32.-33. **Sponsor Signature/Date** - Sign your name and date here to authorize the request and certify that all requirements have been completed. For DOS government applicants, Bureau EX/HR employee signs. For contractors, CO/COR or Bureau EX employee signs.

34. **Sponsor DOS Building Pass No.** - Enter your Building Pass Identification Card or Smart ID Card Number here.

WHEN COMPLETED GIVE THIS FORM AND ANY OTHER REQUIRED MEMORANDA TO THE APPLICANT. THE APPLICANT MUST HAND CARRY THESE ITEMS ALONG WITH PHOTO IDENTIFICATION TO DIPLOMATIC SECURITY IDENTIFICATION SERVICES LOCATED AT 2201 "C" ST, NW

DS-1838

U.S. Department of State
REQUEST FOR
BUILDING PASS IDENTIFICATION CARD

DATE *(mm-dd-yyyy)*

APPLICANT SECTION (1-20)

1. APPLICANT NAME *(Last, First, Middle, Suffix)*

2. SOCIAL SECURITY NUMBER

3. DATE OF BIRTH *(mm-dd-yyyy)*

4. CITIZENSHIP (IF OTHER SPECIFY)f
☐ U.S. ☐ OTHER _____

5. DUAL CITIZENSHIP (SPECIFY COUNTRY)

6. GENDER
☐ MALE ☐ FEMALE

7. APPLICANT HOME ADDRESS (STREET)

8. APT #

9. CITY

10. STATE

11. ZIP CODE

12. APPLICANT E-MAIL ADDRESS

13. EMPLOYER NAME

14. EMPLOYER PHONE NUMBER

15. EMPLOYER FAX NUMBER

16. EMPLOYER ADDRESS (STREET)

17. SUITE #

18. CITY

19. STATE

20. ZIP CODE

SPONSOR SECTION (21-34)

21. STATE DEPARTMENT SPONSOR *(Printed Name)*

22. SPONSOR OFFICE PHONE NO.

23. SPONSOR TYPE
☐ EX ☐ HR ☐ DIR ☐ CO ☐ COR ☐ OTHER _____
(Specify)

24. SPONSOR OFFICE SYMBOL

25. TYPE OF BUILDING PASS REQUESTED

☐ DOS USG EMPLOYEE --- DOS ORG. CODE: _____
(Including PSC)

☐ CONTRACTOR (COMPLETE ITEMS 27, 28, 29) ☐ PRESS ☐ FOREIGN ☐ DOMESTIC

☐ OTHER USG EMPLOYEE: _____ ☐ OTHER: _____
(Specify Agency)   (Specify)

26. ESCORT AUTHORITY
(Clearance or Public Trust Required)
☐ YES
☐ NO

27. CONTRACT NUMBER

28. CONTRACT DATES
_____ TO _____

29. CLASSIFIED CONTRACT
☐ YES ☐ NO

30. HOURS OF ACCESS

☐ NORMAL BUSINESS HOURS (7:00 AM TO 6:30 PM/MONDAY-FRIDAY)

☐ SPECIAL BUSINESS HOURS (5:30 AM TO 6:30 PM/MONDAY-FRIDAY)

☐ 24 HR / 7 DAY

31. TYPE OF ACCESS

☐ BUILDING ACCESS ONLY

☐ BUILDING AND COMPUTER ACCESS

32. SPONSOR SIGNATURE

34. SPONSOR DOS BUILDING PASS NUMBER

33. DATE *(mm-dd-yyyy)* **SIGNED**

PRIVACY ACT STATEMENT

Authority: 22 U.S.C. 2658; Executive Order 10450; Executive Order 12958; and section 506(A) of the Federal Records Act of 1950, as amended. (See instruction page for Purpose and Routine Uses)

DS-1838
05-2002

INSTRUCTIONS FOR COMPLETING FORM DS-1838 - PAGE 2

The Sponsor or Requestor will not use this side of the form. For further information concerning DS-1838 Page 2 please see your Unit Security Officer.

INSTRUCTIONS

DS/SSD/DSIS USE ONLY

A. **SmartCard Badge Number issued** - Enter the 6 (six)-digit number located on the front of the card immediately below the cardholders name.
Pin issued - Check this box if a Personal Identity Number (PIN) was issued at time of SmartCard issuance.

B. **Wiegand Badge Number issued** - If appropriate, enter the 7 (seven)-digit number located on the back of the card, omit any alpha characters.

C. **SmartCard Badge Number Returned** - If appropriate, enter the 6 (six)-digit number located on the front of the card, immediately below the cardholders name of the card being returned.

D. **Wiegand Badge Number Returned** - If appropriate, enter the 7 (seven)-digit number located on the back of the card, omit any alpha characters.

E. **Issuance Type - Smart Card** - Select the appropriate box for the type of card issuance.

F. **Issuance Type - Wiegand** - Select the appropriate box for the type of card issuance.

G. **Badge Style - SmartCard -** Enter style of SmartCard Issued in the following order - color code, status code, and clearance code; i.e., Blue - S - 3, Red - N

H. **Badge Style - Wiegand -** Enter style number of Wiegand Card Issued in the following order - style code, color; i.e., 4/Blue.

I. **Current Clearance Level Verified -** Enter the clearance level as it appears on the appropriate DS database.

J. **Date Granted/Updated -** Enter the data (mm-dd-yyyy) that the clearance was issued/updated.

K. **Granting Agency -** Enter the Agency that granted the clearance.

L. **DSIS Operator -** DSIS Operator print your name here.

M. **Operator Initials -** DSIS Operator enter your initials here.

N. **DSIS Supervisor -** DSIS Supervisor print your name here.

O. **Supervisor Initials -** DSIS Supervisor enter your initials here.

SPECIAL ACCESS/CLEARANCE CODES

SSO USE ONLY

Select the status change(s); Add Bluestripe, Remove Bluestripe, and Briefed, De-briefed. Select all that apply.

A. **SCI Clearance Verified AS** - Select one of the clearance types - Full SCI (Clearance code 5), Proximity SCI (Clearance Code 4), None (No SCI)

B. **Date Verified -** Enter the date (mm-dd-yyyy) of the request.

C. **Verified by -** Print Name and provide signature of person verifying clearance. That person(s) verifying clearance must be on the approved verification listing.   Contact SSO for further information.

INR USE ONLY

Select the status change(s); Add Orangestripe, Remove Orangestripe. Select only one.

A. **Office Symbol Requesting Code -** Enter the office symbol of the requesting office.

B. **Date Requested -** Enter the date (mm-dd-yyyy) of the request.

C. **Authorized by -** Enter the Name and provide signature of the person authorizing the addition/deletion of Special Access/Clearance Code. The authorizing person must be on the approved ushering personnel listing for that office. Contract the Unit Security Officer for INR for further information.

OTHER SPECIAL ACCESS CODE

A. **Office Symbol Requesting Code -** Enter the office symbol of the requesting office.

B. **Code -** Enter the code assigned to the office by DS/SSD/SO.

C. **Date Requested -** Enter the date (mm-dd-yyyy) of the request.

D. **Authorized by -** Enter the Name and provide signature of the person authorizing the special access code. The authorizing person must be on the approved authoring personnel listing for that office. Contract the DS/SSD/SO for further information.

NOTES/COMMENTS:

This section is to be used for any notes/comments. DSIS or any office utilizing the Special Access/Clearance Code portion of this form may use it.

DS-1838

DS/SSD/DSIS USE ONLY

A. SMARTCARD BADGE NUMBER ISSUED _____ ☐ PIN ISSUED	B. WIEGAND BADGE NUMBER ISSUED _____
C. SMARTCARD BADGE NUMBER RETURNED _____	D. WIEGAND BADGE NUMBER RETURNED _____

E. ISSUANCE STYLE - SMARTCARD

☐ New ☐ Lost ☐ Damaged ☐ Upgrade/Update

☐ Renewal ☐ Stolen ☐ Info Change ☐ Other

F. ISSUANCE STYLE WIEGAND

☐ New ☐ Lost ☐ Damaged ☐ Upgrade/Update

☐ Renewal ☐ Stolen ☐ Info Change ☐ Other

G. BADGE TYPE - SMARTCARD	H. BADGE TYPE - WIEGAND

I. CURRENT CLEARANCE LEVEL	J. DATE *(mm-dd-yyyy)* GRANTED	K. GRANTING AGENCY

L. DSIS OPERATOR	M. OPERATOR INITIALS	N. DSIS SUPERVISOR	O. SUPERVISOR INITIALS

SPECIAL ACCESS/CLEARANCE CODES

☐ Add Bluestripe ☐ Remove Bluestripe **SSO USE ONLY** ☐ Briefed ☐ De-Briefed

A. SCI CLEARANCE VERIFIED AS: ☐ FULL-5 ☐ PROXIMITY-4 ☐ NONE	B. DATE *(mm-dd-yyyy)* VERIFIED	C. VERIFIED BY: *(Printed Name and Signature)*

☐ Add Orangestripe ☐ Remove Orangestripe **INR USE ONLY**

A. OFFICE SYMBOL REQUESTING CODE	B. DATE *(mm-dd-yyyy)* REQUESTED	C. AUTHORIZED BY: *(Printed Name and Signature)*

OTHER SPECIAL ACCESS CODE

A. REQUESTING OFFICE	B. CODE	C. DATE *(mm-dd-yyyy)* REQUESTED	C. AUTHORIZED BY: *(Printed Name and Signature)*

NOTES/COMMENTS: