

Department of Military Affairs (DMA) Single Source Identification Card (SSID) & Facility Access Request

The Department of Administration has mandated that all state employees are issued a Single Source Identification Card (SSID). In order to be in compliance with State requirements all DMA employees (except WEM) will need to complete this form and send it to DMASSID@Wisconsin.gov. To gain assistance all requests must be made via email at DMASSID@Wisconsin.gov **Privacy Act Statement Authority:** The Privacy Act of 1974, Title 5 USC 552a. Principle Purpose(s): To determine suitability of individual(s) requesting un-escorted access to WING/DMA property. This information will be used to generate state and federal criminal history records checks and employment verification. Routine Use(s): Personal information may be disclosed to appropriate military and civilian emergency and investigation agencies to assist in determining suitability for un-escorted access to the WING/DMA property. This form will be used for requesting un-escorted access to WING/DMA property. Allow up to five business days to finalize the request.

Section A: Employee's Personal Information

1. Last Name: _____
2. First Name: _____
3. MI: _____
4. Last 4 SSN: _____
5. Date of Birth (YYYYMMDD): _____
6. Home Address: _____
7. City: _____
8. State/Zip: _____
9. Home/Cell Phone #: _____
10. Email Address: _____

Section B: Employee's Employment Information (recommend Supervisor complete this section)

1. Supervisors Last Name: _____
2. First Name: _____
3. Supervisors Email: _____
4. Chip Enabled Required? Yes or No (circle one)
Will the ID be used to scan into WING/DMA facilities?
5. Employees Status: FTE or LTE (circle one)
6. Employees Position Title: _____
7. Employees Main Work Location: _____
8. Work Address: _____
9. Area(s) Employee will be Assigned: _____
10. Work/Office Phone#: _____

11. Photo(s) of employee submitted to DMASSID@Wisconsin.gov?

If a photo (head shot to include shoulders) has not been submitted an SSID will not be processed

I understand that an SSID is an accountable item. It is my responsibility to safeguard it and report its loss or damage immediately to my supervisor and to DMASSID@Wisconsin.gov. I understand that un-escorted access on WING/DMA property is a privilege and at any time my un-escorted access could be revoked. It is my responsibility to contact DMASSID@wisconsin.gov if my credential is compromised. I understand that a compromised credential is a serious event which could have far reaching effects and possibly result in privileges and credentials being revoked. I understand that disclosing my information is voluntary; however failure to provide information will result in refusal for un-escorted access to WING/DMA property and I will only receive a non-chip enabled SSID. I understand that I will maintain possession of the issued SSID until I am separated from the Wisconsin Department of Military Affairs.

Employee Signature/Date: _____

Supervisor Signature/Date: _____