

Single Source Identification Card (SSID) and Facility Access Request



Title 5 USC 552a

INSTRUCTIONS

This form will be used for obtaining a state of Wisconsin Single Source Identification Card (SSID) credential. A SSID allows un-escorted access to certain WING/DMA property locations. If you have any questions regarding this form, please email DMASSID@widma.gov.

LAST NAME	FIRST NAME	MI
LAST FOUR SSN	DATE OF BIRTH (YYYYMMDD)	
HOME ADDRESS	CITY	STATE AND ZIP CODE
HOME/CELL PHONE NUMBER	WORK EMAIL ADDRESS	
EMPLOYEE'S POSITION TITLE		
EMPLOYEE'S SUPERVISOR		

The Department of Administration has mandated that all state employees are issued a Single Source Identification Card (SSID). I understand that a 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@widma.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@widma.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 I will maintain possession of the issued SSID until I am separated from the Wisconsin Department of Military Affairs and at that time, I will return my SSID to my supervisor or the local security office.

EMPLOYEE'S SIGNATURE	DATE
VCO/SUPERVISOR SIGNATURE	DATE