

Primary Contractor's Company Logo

Address:

POC Name::

POC Email:

POC Phone:

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## EAL Request

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To: 5 CONS/PKA-S  
165 Missile Ave.  
Minot AFB, ND 58705-5027

Date:  
Submittal Section: -  
Line Item No: -

Attn: Contracting Rep. & Juli Vogel

E-Mail: [juli.vogel@us.af.mil](mailto:juli.vogel@us.af.mil)

Project:

Phone: 701-723-4833

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Applicant Information, as stated below, to be issued an ID for clearance. Please notify our office upon approval.

**Primary Contractor Co. Name:**

**Employee's Name:**

(Last, First Middle)

**Social Security No:**

**DOD ID NO:(if using CAC)**

**Primary Contractor POC:**

**Driver's License No:**

**E-mail: Phone #:**

(Or State ID or US Passport #)

**Sub-Contractor Co. Name:**

**State Issued:**

**Sub- Contractor POC:**

**Expiration of Driver License:**

**Real ID:** Yes No

**E-mail:** (If No on Real ID read Note below)

**Phone #:**

**Date of Birth:**

**Birthplace:**

**Cell Phone:**

**Work Phone:**

**Note:** IDs with NOT FOR REAL ID PURPOSES or NOT FOR FEDERAL IDENTIFICATION are denied atomatically

Provide a legible photocopy of the employee's driver's license, state ID, or US passport or US Passport Card below:

(Also, provide below a legible photocopy of the employee's work visa / green card if not a US Citizen.)

*Provide front and back of the driver's license. Keep photocopies on this page only.*

FRONT

BACK