

**Application for Retired/ Separated Law Enforcement Identification for
Internal Revenue Service Criminal Investigation Retired/ Separated Special Agents
Pursuant to Law Enforcement Officers Safety Act of 2004
18 U.S.C. 926C(d)(2)(A)**

Name (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)
Home Address (No PO Boxes)		
City	State	Zip Code
Home Phone	Cell Phone	Business Phone
E-mail Address	Retirement/ Separation Date	Nearest CI Post of Duty (If known)
Have you applied for a retired/ Separated special agent identification before? If yes, explain.		Yes <input type="checkbox"/> No <input type="checkbox"/>

I, the Applicant, confirm that the information is accurate to the best of my knowledge. I agree to abide by all the rules and responsibilities associated with this credential.

Applicant Signature	Date Signed
---------------------	-------------

Please attach the following documentation. **Incomplete packages will not be processed.** You will be contacted following review of your application. If approved, you will be directed to go to an IRS-CI field office to have your digital photo and digital signature taken, and present two forms of identification. **DO NOT go to the field office prior to being asked to do so.** If your application is denied, a letter of explanation and appeal rights will be mailed to you.

- Conditions of Use - initial, sign and date. (Must send original, not copy)
- Attestation - sign and date. (Must send original, not copy)

Mail your original copy of the completed application and accompanying documents to:

IRS, Criminal Investigation
Melissa Jeffers
Attn: ID Media Coordinator
SE:CI:S:AKM
1111 Constitution Ave
Room 2539
Washington, DC 20224

PRIVACY ACT NOTICE

Pursuant to the Privacy Act of 1974, 5 U.S.C. §552a, we are providing the following information on principal purposes and routine uses. The principal purpose of this form is to collect identifying information to support the issuance of IRS CI retirement Credentials pursuant to Pub. L. 108-277. The information collected by this form may be disclosed in accordance with the Department of the Treasury's published routine uses and as otherwise permitted by the Privacy Act of 1974, including disclosure to a law enforcement agency if the Department of the Treasury becomes aware of a possible violation of a law or regulation; to a Congressional office in response to requests made on your behalf; to the Department of Justice, courts, and counsel during litigation and as otherwise authorized by law or regulations. The information provided may be shared within various IRS divisions as necessary to assess the suitability of receiving IRS CI retirement credentials pursuant to Pub. L. 108-277. Furnishing the information on this form, including your social security number, is voluntary, but failure to do so may result in non-issuance of retirement credentials.