

**South Carolina State Guard
EMD Photo ID Information**

Last Name: _____ First Name: _____ M.I. _____

EMD ID: _____ **(Last 4 of Drivers License)**

SCSG ID: _____ (Last 4 of SS)

Address: _____

City: _____ State: _____

Zip Code _____

Drivers License # _____

License State: South Carolina (or other) _____

License Expiration Date: _____

Phone: Home: _____ Mobile: _____

SCSG Email: _____ Home Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

SCSG Rank: _____ **If Enlisted ETS:** _____

Gender: Male: _____ Female: _____ Birth Date: _____

Blood Type: _____ (Example, A+, B-, AB+, O-, O+) (must state **Positive or Negative**)

Hair Color: _____ Eye Color: _____ (Example, BLK, BLUE, GRN)

Height (in Inches): _____ Weight (in Lbs): _____

CERT Qualified? YES or NO

***I hereby understand that a SC State Guard ID Card does NOT allow me access to
US Military Installations.***

YOUR SIGNATURE: _____ DATE: _____

****IF PMD LIST LAW ENFORCEMENT APPROVALS:** _____

LEO1? ☐ _____
(Check box if YES and name Jurisdiction)

SCSG PHOTO ID FORM B_428 Rev: PMD Dec14