



LINCPASS CREDENTIAL RETURN REQUEST

REQUESTOR: _____
 EMAIL ADDRESS: _____ PHONE NO: _____
 SITE NAME _____
 SITE ADDRESS _____

DEFECT: (please check all that apply):

- | | | | |
|--------------------------|---|----------|-------|
| <input type="checkbox"/> | Poor print quality | Quantity | _____ |
| <input type="checkbox"/> | Delamination or external physical defect <u>before</u> Activation | Quantity | _____ |
| <input type="checkbox"/> | Card does not read <u>during</u> Activation | Quantity | _____ |
| <input type="checkbox"/> | Card does not read in field <u>after</u> Activation | Quantity | _____ |
| <input type="checkbox"/> | Other – please explain below | Quantity | _____ |

Comments:

Please write-in Names and Serial Numbers for all cards that are damaged or of poor quality that are being returned in the table below; or if more space is needed, on an attached list that includes the same 4 fields.

No.	Name	Serial Number	Re-print/Re-Issue Request Submitted? [Y/N, Y-date]
1.			
2.			
3.			

Attach list and/or Packing Slip, if necessary.

Please deliver or mail request, packing slip, and any card(s) via Certified/Signature Required Delivery

(FedEx, UPS, or USPS) to:

Justin Sotherden
 Physical Security Specialist
 USDA/DA/OSS
 300 7th Street SW Suite 101
 Washington, DC 20024-2511
 202-690-0230
justin.sotherden@da.usda.gov

