Print Form

Identification Card Application Form

Application Type (Check 1): Initial ☐ Renewal ☐ Replacement – Damaged ☐ Replacement – Lost ☐ Replacement – Stolen ☐			
Employee Information			
Employee Affiliation: Government ☐ Contractor ☐ Volunteer ☐			
Employee ID Number:	Driver's License Number/MVC ID Number:		Driver's License State / MVC ID State:
Last Name:	First Name:		Middle Initial:
Date of Birth: (MM/DD/YYYY)	Height: (FT' Inches")	Eye Color:	Hair Color:
Citizenship: U.S. Citizen ☐ Foreign National ☐			
Municipality / County / State (Circle Appropriate Jurisdiction)	Name of Municipality / County: (If Municipality /County Circled)		
Name of Department / Company:	Name of Agency:		
Work Telephone #:	Title:		Badge or ID #: (If applicable)
Business Address:	City:	State:	Zip Code:
E-Mail Address:			
First Responder: Yes ☐ No ☐	State Employee Designation: Business Continuity ☐ Red Essential ☐ (Check all that apply) Weather Essential ☐		
Employee Vetting Level: Level –1 ☐ Level – 2 ☐ Level – 3 ☐ Level – 4 ☐ (Check 1)			
Department Information			
Supervisor Name:	Supervisor Title:		
Department / Agency Name:			
Business Address:	City:	State:	Zip Code:
Work Telephone #:	E-Mail Address:		
Signature:	Date (MM/DD/YYYY):		
ID Card Coordinator Information			
Name:	Title:		
Department / Agency Name:			
Business Address:	City:	State:	Zip Code:
Work Telephone #:	E-Mail Address:		
Signature:	Date (MM/DD/YYYY):		
Registrar Information			
Name:	Title:		
Department / Agency Name:			
Business Address:	City:	State:	Zip Code:
Work Telephone #:	E-Mail Address:		
Signature:	Date (MM/DD/YYYY):		

Last Name, First Name, Middle Initial (Page 2) (*Please print)*			
ID Credential Source Documents			
Source Document # 1:			
Issuing Authority:	Number:	Expiration (MM/DD/YYYY):	
Additional Information:			
Source Document # 2:			
Issuing Authority:	Number:	Expiration (MM/DD/YYYY):	
Additional Information:			
Card Issuer Information			
Name:	Title:		
Department / Agency Name:			
Business Address:	City:	State:	Zip Code:
Work Telephone #:	E-Mail Address:		
Signature:	Date (MM/DD/YYYY):		

I hereby request one Identification Card. I understand the following:

1. The Identification Card is issued to me in my name and shall be used only by me. It shall not be given, loaned, transferred, or otherwise used by another individual.
2. If the identification Card is lost, I must report the loss of the card to my supervisor immediately. A $5.00 fee will be charged for a replacement card.
3. Upon any material change in the information provided on this form, a new Identification Card must be obtained and the old Identification Card given to the Card Issuer.
4. Upon cessation of employment, the Identification Card must be returned to my Supervisor.

_____ _____

Applicant Signature Date (MM/DD/YYYY)

Last Name, First Name, Middle Initial (Page 3) (*Please print)*			
Identifying Data (First Responder Only)			
Home Address:	City:	State:	Zip Code:
Medical Information			
Emergency Contact Name:	Emergency Contact Telephone #:		
Physician Name:	Physician Telephone #:		
Health Insurance Carrier:	Health Insurance Policy #:		
Organ Donor: Yes ☐ No ☐ (Check 1)			
Blood type and Rh: A -- ☐ A+ ☐ AB -- ☐ AB + ☐ B-- ☐ B + ☐ O -- ☐ O+ ☐ (Check 1)			
Blood Pressure (#/#):	Resting Pulse Rate:		
Any known allergies? Yes ☐ No ☐ *(Please list)*			
Any current medications? Yes ☐ No ☐ *(Please list)*			
Significant Medical History: Yes ☐ No ☐ *(Please list)*			
Religion:			