



PERSONNEL ORDERS DIVISION
 Retiree/Non-Member Identification Card Worksheet
 PB Revised 8/12/2021

PLEASE PRINT CLEARLY

Please Indicate: New Applicant Lost ID Card Renewal, Card # _____

Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: ____/____/____ **Phone Number:** (____) _____ - _____

Social Security Number: _____ - _____ - _____ **Gender:** _____

Home Address: _____ **Apt.** _____

City: _____ **State:** _____ **Zip Code:** _____

RETIREE INFORMATION ONLY	
Rank: _____	Retirement Date: ____/____/____
Tax # _____	Shield # _____

I certify that the information provided on this worksheet and on any supporting documentation is true and complete.

Signature

____/____/____
Date

FOR OFFICE USE ONLY	
Member Processing Request: _____	Tax # _____
Case # _____ Firearms: Yes / No _____	New ID Card # _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____ Authorizing Supervisor Rank/Name	_____ Signature
<small>(Authorizing Supervisor is to ensure there is a copy of newly issued Identification Card attached to this worksheet)</small>	

AUTHORIZED INDIVIDUAL RECEIVING IDENTIFICATION CARD

Name: _____ **Signature:** _____