



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
(Authorizing Supervisor is to ensure there is a copy of newly issued Identification Card attached to this worksheet)	

AUTHORIZED INDIVIDUAL RECEIVING IDENTIFICATION CARD

Name: _____ Signature: _____