



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 # _____

Approved

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: _____