



**PERSONNEL ORDERS DIVISION**  
Retiree/Non-Member Identification Card Worksheet  
PB Revised 12/8/2020

**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 I provided on this worksheet and on any supporting documentation is true and complete. If I am applying for a retiree identification card, I further certify that since my retirement date, I have not been convicted of a crime.

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Member Processing Request:** \_\_\_\_\_ **Tax #** \_\_\_\_\_

**Case #** \_\_\_\_\_ **Firearms Code:** \_\_\_\_\_ **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:** \_\_\_\_\_