



**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:** \_\_\_\_\_