



WALL TOWNSHIP POLICE DEPARTMENT

P.O. Box 1168 / 2700 Allaire Rd. Wall Township, NJ 07719
Phone: (732) 449-4500 ~ Fax: (732) 449-1273 ~ www.wallpolice.org

ABC-APPLICATION FOR IDENTIFICATION CARD

Establishment Name: Job Title or Position:

Establishment Address:

Applicant Name: (LAST) (FIRST) (MI)

Address: City: ZIP

Date of Birth: SSN# Birth Place:

Driver's License # ST Phone #

Hair: Eye: Height: Weight: Scars/Tattoos:

Do you currently possess an ABC ID Card? Yes / No If "YES" Issued by:

Have you ever been denied an ABC Card? Yes / No If "Yes" By whom:

(LIST ALL ARRESTS IN SPACE(S) BELOW-IF ADDITIONAL SPACE IS NEEDED, USE BACK OF FORM)

Have you ever been arrested? YES / NO If "YES" Latest Arrest Date

(1) Agency / Court: County: State:

Charge(s): Disposition:

(2) Agency / Court: County: State:

Charges(s): Disposition:

Have you ever been: convicted, fined, found guilty and/or imprisoned for any of the above? Yes / No

Notice to Applicants

As indicated above, I have applied for an identification card from the Township of Wall, Monmouth County, New Jersey. I hereby authorize the Wall Township Police Department to check and obtain any criminal history information on my background for the purpose of this application. I also understand that I will be charged criminally & possible fines and/or imprisonment may result, if the background investigation reveals ANY of the above information to be falsified.

Signature of Applicant Dated

Do Not Write Below This Line

Reviewed / Denied by: Dated:

Reason for denial: Letter mailed:

Approved by: Chief of Police Dated:

Card Received by: Print Name/Title

Date: TEMPORARY ID CARD #