



WALL TOWNSHIP POLICE DEPARTMENT

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

APPLICATION FOR EMERGENCY SERVICES IDENTIFICATION CARD

Organization Name:
Appointment Date: / / Title:
Name: (last) (first) (mi) Phone: () -
Address: City/Town:
Date of Birth: / / Birth Place: ,
SSN#: - - Hair Color: Eye Color: SEX RACE
Height: ' " Weight: Scars/Marks/Tatoo(s)
Drivers License # - - State:
Have you ever been arrested? YES -or- NO (circle one) If "YES" Provide Date: / /
Charge(s) Disposition(s) Where?

~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 am subject to criminal prosecution if the background investigation reveals the above information to be false. Also, by my signature I agree to immediately report any lost, stolen, damaged card to the Wall Police Records Division for replacement. And further understand that any unauthorized use of this ID may result in confiscation of the card and may be punishable by law.

Signature of Applicant Date

====Do Not Write Below This Line=====

The undersigned Agent/Officer of the above listed organization has reviewed the applicant's information and submits this application for your review and approval. I understand that this application may be rejected should any of the above information submitted by the applicant prove to be false or a criminal history is returned.

Organization Agent / Officer (please print) TITLE / / DATED

Signature

Approved by Chief of Police / / DATED

NJ State Fingerprints Submitted: / / FBI Prints Submitted: / /

Returned: / / Returned: / /

Wall Township Emergency Services ID Card Issued: / / By: