BROWARD SHERIFF'S OFFICE
Non-Employee Photo ID Card and Fingerprint Request Form

Please fill out *completely* and *print clearly*. Attach a copy of the valid driver license.

	SSN	Today's Date
Last Name	First Name	Middle Initial
Other Names Used:		

Height	Weight	Eyes	Hair	Gender	Race

Date of Birth	Driver License #	State

All areas must be completed Type of request:(e.g. vendor, student intern, volunteer, Posse, Mounted Posse, COP, etc.)	Start date of assignment	Expiration date
Vendor company name (if applicable)	Vendor/or other assigned to:(BSO Dept./Unit)	

ID Card Requested:

**** Please refer to attached list***

JAIL VENDOR: ☐ Correct Care Solutions ☐ Trinity ☐ Court Appointed Psych. ☐ Dept. of Children & Families ☐ Broward Health ☐ Brwd Cnty Health Dept. ☐ SBBC ☐ Jail Other: _____

VENDOR: ☐ All Vendors ☐ Student Intern (through DOCP Intern Program) ☐ Vendor Other: _____

VOLUNTEER: ☐ Park. Enforc. Spec. Vol. ☐ C.O.P. ☐ Reserve Firefighter ☐ Civilian Volunteer Program ☐ Chaplain's Office

TASK FORCE/POSSE: ☐ Task Force ☐ Posse ☐ Mounted Posse

SPS: ☐

BOARDS: ☑ Sheriff's Advisory Council ☐ Sheriff's Foundation ☐ Crime Stoppers Board ☐ PSC

BSO Liaison Information

☐ I hereby acknowledge that I have completed a minimum background investigation, consisting of NCIC/FCIC/BCIC and Driver's License validity on this individual and the results are within standards of the Broward Sheriff's Office.

☑ Fingerprint results received from FDLE will include state and national criminal history information. The BSO liaison listed below will be notified of any criminal record found.

BSO employee/liaison's name and CCN	Title	Today's Date
Joseph Damiano (2040)	Detective	
Signature	Location	Phone Number
	2601 W. Broward Blvd. Ft. Lauderdale FL 33312	(954) 831-8989

This form is NOT valid without a BSO Liaison's Signature.

Receipt of ID Card by Non-Employee

I do hereby acknowledge the receipt of my BSO Photo ID card. I also do hereby acknowledge that I understand this ID card is BSO property and must be turned in to my supervisor or the BSO Human Resources office upon resignation or termination from the BSO facility.

Signature upon receipt of ID Card

Card Received - Date