



PALM BEACH POLICE DEPARTMENT
 345 S. County Road, Palm Beach, FL 33480
 Phone: 561-838-5466
 Email: www.CSEU@palmbeachpolice.com

**HOW TO PARTICIPATE IN
 2020 VOLUNTARY I.D. CARD PROGRAM**

Completed forms and ID attachments can be e-mailed to CSEU@palmbeachpolice.com or mailed to the address above, Attn: CSEU. Applications will not be accepted in person at the Police Department.

HURRICANE SERVICE: The I.D. Card operations cease 2 days before landfall. Regular service will resume sometime after the storm as conditions permit.

1. An employer may send their employees to the Police Department with this authorization form completed, signed and notarized in ink by both the employer and the employee requesting the Voluntary I.D. Card. Do not detach the Employer Authorization Form. Tradesmen need to bring a current copy of their business license or permit (state, county or local).
2. The Voluntary I.D. authorization form **must be notarized** by the homeowner, property manager, or employer **prior** to arriving at the Palm Beach Police Department. The Voluntary I.D. form can be obtained on our website - www.palmbeachpolice.com.
3. The participating employee must provide valid government issued identification. Acceptable identification is a photo I.D. such as a driver's license, state identification card or passport.
4. Crime Scene/Evidence Unit personnel will check the computer system for any outstanding warrants. If no warrants are found or felony convictions in the last five (5) years, the Police Department will issue a Town of Palm Beach Voluntary Identification Card to the Employee.

ALL 2020 I.D. APPLICATIONS EXPIRE 12/31/2020

Email I.D. applications to CSEU@palmbeachpolice.com

**PLEASE PRINT OR TYPE. FORM MUST BE
 COMPLETED BEFORE YOU ARRIVE.**

Rev. 5/21/2020

EMPLOYER AUTHORIZATION FORM

Date: _____
 To: Palm Beach Police Department Crime Scene Evidence Unit
 This is to certify that _____
 (PRINT—Name of Employee)
 Name of Employer: _____
 Address of Employer: _____
 Employer Contact Telephone: (_____) _____

Notarized Employer's Signature:

SIGNATURE MUST BE SIGNED IN INK—(No copies accepted)

State of _____
 County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.

____ Personally Known OR
 ____ Produced ID—Type
 of ID _____

Notary Public - (Signature)

 (Notary Seal)

EMPLOYEE AUTHORIZATION FORM: I voluntarily request that the Town of Palm Beach Police Department issue me a Voluntary Identification Card. The Town of Palm Beach is not an employment screening agency and not responsible for computer errors or omissions.

PRINT LEGIBLY

Applicant's Name: _____
 Home Address: _____ City: _____ Zip: _____
 Date of Birth: _____ Birth State/Country: _____
 Driver's License: State _____ Number: _____
 Height _____ Weight _____ Hair Color _____ Eye Color _____
 Job Title: _____
 Applicant's Signature: _____

Attached/Enclosed

Copy/Scan Gov't. issued photo I.D.