



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:																																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><u>JAIL VENDOR:</u></td> <td style="width: 15%;">Armor</td> <td style="width: 15%;">Armor Mgmt.</td> <td style="width: 15%;">Trinity</td> <td style="width: 15%;">Court Appointed Psych.</td> <td style="width: 20%;">Dept. of Children & Families</td> </tr> <tr> <td></td> <td>Broward Health</td> <td>Brwd Cnty Health Dept.</td> <td>SBBC</td> <td colspan="2">Jail Other: _____</td> </tr> <tr> <td><u>* Please refer to attached list</u></td> <td><u>VENDOR:</u></td> <td>All Vendors</td> <td colspan="2">Student Intern (through DOCP Intern Program)</td> <td>Vendor Other: _____</td> </tr> <tr> <td></td> <td><u>VOLUNTEER:</u></td> <td>Park. Enforc. Spec. Vol.</td> <td>C.O.P.</td> <td>Reserve Firefighter</td> <td>Civilian Volunteer Program</td> </tr> <tr> <td></td> <td>TASK FORCE/POSSE:</td> <td>Task Force</td> <td>Posse</td> <td>Mounted Posse</td> <td>Chaplain's Office</td> </tr> <tr> <td></td> <td><u>SPS:</u></td> <td colspan="4"></td> </tr> <tr> <td></td> <td><u>BOARDS:</u></td> <td>Sheriff's Advisory Council</td> <td>Sheriff's Foundation</td> <td>Crime Stoppers Board</td> <td>PSC</td> </tr> </table>						<u>JAIL VENDOR:</u>	Armor	Armor Mgmt.	Trinity	Court Appointed Psych.	Dept. of Children & Families		Broward Health	Brwd Cnty Health Dept.	SBBC	Jail Other: _____		<u>* Please refer to attached list</u>	<u>VENDOR:</u>	All Vendors	Student Intern (through DOCP Intern Program)		Vendor Other: _____		<u>VOLUNTEER:</u>	Park. Enforc. Spec. Vol.	C.O.P.	Reserve Firefighter	Civilian Volunteer Program		TASK FORCE/POSSE:	Task Force	Posse	Mounted Posse	Chaplain's Office		<u>SPS:</u>						<u>BOARDS:</u>	Sheriff's Advisory Council	Sheriff's Foundation	Crime Stoppers Board	PSC
<u>JAIL VENDOR:</u>	Armor	Armor Mgmt.	Trinity	Court Appointed Psych.	Dept. of Children & Families																																										
	Broward Health	Brwd Cnty Health Dept.	SBBC	Jail Other: _____																																											
<u>* Please refer to attached list</u>	<u>VENDOR:</u>	All Vendors	Student Intern (through DOCP Intern Program)		Vendor Other: _____																																										
	<u>VOLUNTEER:</u>	Park. Enforc. Spec. Vol.	C.O.P.	Reserve Firefighter	Civilian Volunteer Program																																										
	TASK FORCE/POSSE:	Task Force	Posse	Mounted Posse	Chaplain's Office																																										
	<u>SPS:</u>																																														
	<u>BOARDS:</u>	Sheriff's Advisory Council	Sheriff's Foundation	Crime Stoppers Board	PSC																																										

BSO Liaison Information

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/liasion's name and CCN	Title	Today's Date
Signature	Location	Phone Number

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

ID Card Types

Card Holder Group:

Jail Vendor:

Armor, Trinity, Court Appointed Psychologists, Dept. of Children and Families, Broward Health, Brwd County Health Dept, SBBC (School Board Broward County). All vendors in the jails.

Vendors in the DOD or DCP who require a different ID Card Type:

DCP Mental Health Unit Interns (**not through Internship Program**) and Temps through agencies in the DOD or DCP should be issued a "Vendor" ID (not Jail Vendor ID).

Vendor:

Construction workers, Johnson Control, ITD Consultants, OGC Fellowships, Student Interns (through BSO's Internship Program), all **other** "Interns" that are **not** in the Internship Program, Fellowship for OGC, ITD Contractors or Consultants, and Insurance Representatives, etc.

Special Process Server:

Special Process Servers

Volunteer:

Parking Enforcement Specialists, Reserve Firefighters, C.O.P.

Task Force/Posse:

Task Force: MAGTF, VCFTF, DIU, DDU, MLTF, LEACH, SBGSF, OCAS, etc...; Posse, Mounted Posse.

Boards:

Sheriff's Advisory Council, Sheriff's Foundation, Crime Stoppers, and PSC