



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

ABC-APPLICATION FOR IDENTIFICATION CARD

Establishment Name: Job Title or Position:

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

Address: City: ZIP

Date of Birth: SSN# Birth Place:

Driver's License # ST Phone #

Hair: Eye: Height: Weight: Scars/Tatoos:

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:

Have you ever been arrested? YES / NO (circle one) If "YES" Latest Arrest Date

(1) Agency / Court: County: State:

Charge(s): Disposition:

(2) Agency / Court: County: State:

Charges(s): Disposition:

(PLEASE LIST ADDITIONAL ARRESTS ON BACK)

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.

Signature of Applicant Dated

Do Not Write Below This Line

NJ State Fingerprints Submitted: FBI Prints Submitted:

Returned: Returned:

Approved by: Chief of Police Dated:

Reviewed & Denied by: Dated:

Card Received by: Print Name/Title

Date: TEMPORARY ID CARD #

