

ABC Application for Identification Card

Clementon Borough Police Department

101 Gibbsboro Road, Clementon, NJ 08021

(856) 783-2271



Initial Application Renewal Application

Establishment Name:							
Job Title or Position:							
Applicant Name:							
Address:							
City:		State:		Zip:		Phone #:	
Date of Birth:				SSN#:			
Drivers License #:				State:			
Hair:		Eye:		Height:		Weight:	
Email:							

1. Do you currently possess an ABC ID Card? Yes No

If yes, issued by: _____

2. Have you ever been denied or revoked an ABC ID Card? Yes No

If yes, by whom and why: _____

3. Have you ever been arrested? Yes No

If yes, provide all arrests below. If additional space is needed, use an additional form.

Date of Arrest:		Charge:	
Location:		Disposition:	

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Date of Arrest:		Charge:	
Location:		Disposition:	

As indicated above, I have applied for an ABC identification card from the Clementon Borough Police Department. I hereby authorize the Clementon Borough Police Department to conduct a criminal history background for the purpose of this application. I understand that any false statements will result in the denial of this application and criminal prosecution. I also understand that any fees associated with this process are nonrefundable.

Signature of Applicant

Date

DO NOT WRITE BELOW

ABC Officer:		Date:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chief or Designee:	
Reason for denial:		
Temporary ID Card received by:		Date:
ID Card received by:	Date:	
ID Card #:		