

# NYSFOP Associate Picture ID Application Year 2018

First Time \$125.00     Renewal \$100.00    Date \_\_\_\_\_

ELIGIBILITY: You must be an Associate Member of the New York State Fraternal Order of Police in good standing. Copy of your Driver's License MUST BE SUBMITTED with the application. The submission of any false information may result in the prevention and/or revocation of your privilege to have NYSFOP picture ID. Eligibility will be verified. This is the only form that will be accepted when accompanied with the applicant's personal check or money order and the GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION SIGNED AND NOTARIZED.

Please Print:

Name (as it appears on your current driver's license : ) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Email \_\_\_\_\_

Tel. # (9am to 4pm) (     ) \_\_\_\_\_ ext. \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Lodge # \_\_\_\_\_ Home/Cell# \_\_\_\_\_

Employer \_\_\_\_\_

Have you ever been convicted of a crime Yes \_\_\_\_\_ No \_\_\_\_\_ or DWI Yes \_\_\_\_\_ No \_\_\_\_\_

New York State Department of Motor Vehicles

## **GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION**

I \_\_\_\_\_, authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to **NYS FRATERNAL ORDER OF POLICE**, my name, address, plate number, driver's license record and registration information during the time period in which I hold picture ID issued by NYSFOP.

▶ Applicant Signature \_\_\_\_\_

STATE OF \_\_\_\_\_ SS:

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ before me personally appeared \_\_\_\_\_  
(1st, 2nd,.) (Month) (year)

to me known and who by being duly sworn, acknowledged to be person described in and who executed the foregoing consent and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public

9/5/17