# ESS/VE C driver promi access



### F.D.L.E. Capitol Police

ID Office
MONDAY – FRIDAY 8 A.M. – 5 P.M.
CAPITOL BUILDING SUITE P-3 RM C. OFC: 850-487-6216 FAX: 850-410-2800 Email: CapitolPoliceIDOffice@fdle.state.fl.us

☐ Capitol Complex Vendor						
☐ Non-Complex Vendor						
☐ Press						
Renewal Lost Card						
Last & Generational suffix						
? YES□ NO□						
. 120 🚨 110 🖺						
Residence/Cell Phone						
PHONE:						
of Birth Place of Birth						
J. Birth						
Number Expiration						
Number Expiration ired to submit a completed Capitol Complex						
ncy head or his Designee. A copy of a valid						
cants will be subjected to a Background check that card should be reported to Capitol Police						
sed only by the person to whom it is issued and						
D.L.E. and must be surrendered upon expiration or						
ve outlined terms of the F.D.L.E./Capitol Police herein are true, correct and complete.						
nerem are true, correct and complete.						
DATE						
tions 119.071 and 281.301, Florida Statutes.						
JSE ONLY ead review and approval						
DATE						
2.1.2						
5PM-1AM (Custodial - No Weekends)						
N. Plaza Door & House Side Elevator r Chamber Hall Door South and 2nd Fl.						
6PM						
d Fl. Press Office						
TTION DATE***						
DATE						

(REV.02/26/2021)

#### PERSONAL INFORMATION DATA New Card

Card# \_\_\_\_\_ Dept # \_\_\_\_ Issue Date \_\_\_\_

First	N	Middle	Lust & Gen	nerational suffi	••
COMPANY/BUSINESS NAME:					
ARE YOU CURRENTLY REPRESENTING A LO	OBBYIST GROUP OR ARE YO	OU REGISTERED AS A LOB	BYIST? YES 🔲 1	NO 🗌	
BUSINESS ADDRESS:					
POSITION TITLE:					
TELEPHONE:CO	/P			/C 11 PI	
SPONSOR DEPARTMENT NAME:					
WORK LOCATION/BUILDING:		ROOM NUMBER:		PHONE:	
Social Security No.	Race Gender	Height D	ate of Birth	Pla	ce of Birth
_					1
DRIVER'S LICENSE INFORMATION	N State	T *	se/ID Number		Expiration
NOWLEDGEMENT: An applicant a /Vendor Card Application that require r's license/Id card must be submitted take up to two weeks to complete pricediately for deactivation by calling 24/2 inently displayed while in the Capital	with each application. or to being issued a Ven hrs. @ 488-1790. Card	All new or renewing andor card. A lost or start is must be possessed a	applicants will be tolen card should used only by	d be reported the person	d to Capitol Police to whom it is issue
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## AUTHORITY FOR RELEASE OF INFORMATION

#### **NON-SWORN / CONTRACTOR APPLICANT**

(Background Investigation Waiver)

To:	Concerned Person or Authorized	APPLICANT	T'S NAME:			
	Representative of Any Organization, Institution or Repository of Records	DATE OF BIRTH:				
		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:				
AGE	NCY REQUESTING BACKGROUND INFO	ORMATION:	Florida Department of Law Enforcement			
ADD	RESS:					
Law resid	Enforcement bearing this release to ence, academic achievement, personal and all internal affairs investigations or	obtain any i information, v	on hereof, any authorized representative of the Florida Department of information pertaining to my employment, credit history, education, work performance, background investigations, polygraph examinations, records, including any files that are deemed to be confidential and/or			
polic and	e reports or other police records in whic	h I may be na elease this in	of arrests, citations, detentions, probation and parole records, or any amed for any reason, including any files that are deemed to be juvenile of the bearer, whether in person or by opies of these records.			
the informulation of other person my h	Florida Department of Law Enforceme mation with other criminal justice agenc c records laws. I hereby release you, as her repository of medical records, credit onnel, both individually and collectively, fro	nt in fulfilling ies or the Stath the custodian bureau or commany and all mpliance with	erstanding that these records and information are for the official use of g official responsibilities, which may include sharing the records or ate of Florida or release to third parties as may be required by Florida or such records, and employer, educational institution, physician, hospital consumer reporting agency, including its officers, employees, and related I liability for damages of whatever kind, which may at any time result to me, a this authorization and request to release information, or any attempt to original.			
copie docu	es from my military personnel and related	medical recor	Missouri, or other custodian of my military record to release information or rds, including a copy of my DD 214, Report of Separation, or other official restatus or current active military status to: The Florida Department of Law			
An e empl discle curre Statu requ	employer who discloses information about oyee upon request of the prospective eleasure of its consequences, unless it is shart employer was knowingly false or violated tes. Pursuant to Sections 943.134(2)	ut a former of mployer or of nown by clear ed any civil rig (a) and (4), I	ty; disclosure of information regarding former or current employees states: r current employee to a prospective employer of the former or current of the former or current employee, is immune from civil liability for such and convincing evidence that the information disclosed by the former or ght of the former or current employee protected under chapter 760, Florida F.S., Chapter 2001-94, Laws of Florida, disclosure of information is enalties may be available for refusal to disclose non-privileged legally			
Appli	cant's Signature		Date			
Appli	cant's Address					
STAT	TE OF		AFFIDAVIT COUNTY OF			
Swo		•	of [ ] physical presence or [ ] online notarization, this day of			
Nota	ıry Seal		Signature of Notary Public			
	onally Known:or- Produced Ider					