SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062

APPLICATION FOR SOLICITOR'S IDENTIFICATION CARD

FEES: $ 124.00 NEW FEES ARE NON-REFUNDABLE **FILE SL#** _____
$ 95.00 RENEWAL

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. Photo Identification (i.e., valid driver's license, identification card)
2. Correct Fees (check, cash, or debit card only)
3. For new applicants there will be a $49.00 fee for fingerprints (fee is only for initial applicants)
4. *(this is only for each additional employer(s); the main applicant is already included with application)*
5. Completed application signed by employer or main applicant
6. Work permit (If a minor)
7. Other _____

(*Print of type only*)

Name _____ **Telephone #** _____

All other names ever used (include maiden name) _____

Date of Birth: _____ **Sex** _____ **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____

Place of Birth: _____ **Driver's License #** _____ **Soc. Sec. No**. _____

Current Address: _____
Number Street City State Zip

HOW LONG HAVE YOU RESIDED IN SAN DIEGO COUNTY? _____

Branch of military _____ Dates of Service _____ Types of Discharge _____
(Fee is waived upon proof of honorable discharge)

LIST BELOW ALL CHARGES WITHIN LAST TEN (10) YEARS RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

DATE	CHARGE	INVESTIGATING AGENCY	DISPOSITION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U. S. MAIL TO THE ADDRESS SPECIFIED ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO SOLICITORS.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION ACCEPTED BY: _____ DATE _____