STATE OF ALASKA **DEPARTMENT OF CORRECTIONS**

I.D. Application

Name:_____ Duty Station:_____

Date of Birth:_____ Job Title:_____

PCN: _____

Place of Birth:_____ Citizenship:_____

Working Title, if different:_____

Physical Description: Race: Ht: Wt: Hair: Eyes:

AK Driver's License #:_____

Residence:_____

_____

_____ Phone:_____

Emergency Notification:

Name:_____

Address:_____

_____

_____ Phone:_____

Firearms Certification Current: Y____ N____

Special Commission:_____ Date:_____

Firearms Sticker to be entered on I.D.: Y____ N____

Signature:_____ Date of Application:_____

(Certifying accuracy of information provided and as signature will appear on I.D. card)

Administration Use Only:

No. Assigned:_____ Badge No. Assigned:_____

Background Color: Red _____ Blue _____ Yellow _____ White _____