



SHERIFF'S OFFICE, COUNTY OF SUFFOLK, N.Y.
ACCREDITED LAW ENFORCEMENT AGENCY
FACILITY PASS/PHOTO ID APPLICATION

**PERSONNEL INVESTIGATIONS BUREAU
 USE ONLY**
 CASE NUMBER: _____

- COPY OF A VALID DRIVER LICENSE OR OTHER PHOTO ID MUST ACCOMPANY THIS APPLICATION
- ONLY FULLY COMPLETED APPLICATIONS WILL BE ACCEPTED

NAME (FIRST/MIDDLE/LAST)	OTHER NAME(S) USED	DATE
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HOME ADDRESS (NUMBER/STREET/APARTMENT NUMBER/HAMLET/STATE/ZIP)

DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER
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DRIVER LICENSE NUMBER AND STATE	PROFESSIONAL LICENSE NUMBER
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EMPLOYED BY	OCCUPATION
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ADDRESS (NUMBER/STREET/SUITE NUMBER/HAMLET/STATE/ZIP)	BUSINESS PHONE NUMBER
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PURPOSE OF VISIT	FREQUENCY OF VISIT	DATE ENTERING
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UNIT REFERRED BY

MEDICAL REHAB LAUNDRY/ECU MAINTENANCE WARDEN'S OFFICE FOOD SERVICE

CONSTRUCTION OTHER (MUST SPECIFY): _____

REFERENCE NAME	PHONE NUMBER
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DO NOT WRITE BELOW – FOR SHERIFF'S OFFICE USE ONLY

WARRANT CHECK DRIVER LICENSE NCIC CHECK NYSPIN CHECK LOCAL WARRANTS

ORDER OF PROTECTION MULTI-SYSTEM NAME LOOK-UP CJIS/SMNI JAIL HISTORY

PROCESS FOR

<input type="checkbox"/> VISITOR DAY PASS	EXPIRATION DATE:	<input type="checkbox"/> PHOTO ID	EXPIRATION DATE:
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED

INVESTIGATOR SIGNATURE	DATE	INVESTIGATOR SIGNATURE	DATE
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SUPERVISOR SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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DATE FORWARDED TO PIB (PHOTO ID ONLY)	FORWARDED BY (NAME)
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