

COUNTY OF SUFFOLK



FACILITY PASS/PHOTO ID APPLICATION

Case Number:

Valid Driver's License Photo or other Photo ID must accompany application

Name:		Other Names Used:		Date:
Home Address:				
DOB:		Social Security Number:		Home Phone Number:
				Cell Phone Number:
Drivers License Number and State Issued:			Professional License Number: X	
Employed by: AA			Business Phone Number: X	
Address: X			Occupation: X	
Purpose for visit: Spencer AA		Frequency of visit: Every 5th week		Date Entering:
Referral Information				
Unit referred by: <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Rehab <input type="checkbox"/> Laundry/ ECU <input type="checkbox"/> Maintenance <input type="checkbox"/> Warden's Office				
<input type="checkbox"/> Food Service <input type="checkbox"/> Construction <input type="checkbox"/> Other(Must specify):				
Name of Reference:			Phone Number:	
For Office Use Only				
<input type="checkbox"/> 45 Check <input type="checkbox"/> 45A Check <input type="checkbox"/> NCIC Check <input type="checkbox"/> NYSPIN Check <input type="checkbox"/> Local Warrants <input type="checkbox"/> Order of Protection <input type="checkbox"/> Multi- System Name Lookup <input type="checkbox"/> CJIS/SMNI <input type="checkbox"/> Jail History				
<input type="checkbox"/> Visitor Day Pass Process For			<input type="checkbox"/> Photo ID Expiration Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Disapproval Reason:				
Investigator's Signature:		Supervisor's Signature:		Date:
Date:		Date:		Date:
(For Photo ID Only) Date Forwarded to PIB:			Forwarded by:	
Deputy Warden Recommendation (For Photo ID Only)				
<input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved Date: _____				
Deputy Warden's Signature: _____				

Only fully completed applications will be processed