



# ID Card Authorization Form

Please fill this form out then fax to 912-537-4894

I authorize and accredit the Police & Sheriffs Press, Inc. to produce ID Cards for the:

Agency Name: \_\_\_\_\_

Head of Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_  
(Point of Contact Direct Line)

Agency 24 Hour Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_  
(To Receive A Electronic Proof)

Number of Employees: \_\_\_\_\_

Data Entry Contact Name: \_\_\_\_\_

## Design Choice:

Flag Generic

State Outline Generic

Custom

\*Fees may apply

Head of Agency please sign in the box below.