

## City of Kingston ID Application/Renewal

## CARD APPLICATION TYPE & Fees: (Check One)

New Applicant (ADULT) - \$10	New Applicant (SENIC	OR 62+) - \$5	New Applicant (CHILD 14-17) - \$5
New Applicant (VETERAN) - \$5	New Applicant (DISA)	BLED) - \$5	Information Change/Renewal - \$5
	APPLICATION INFO	RMATION	
1. First Name:	2. Midd	le Initial:	3. Height: FeetInches
4. Last Name:			
6. Date of Birth:	- 7 Hair (		8. Eye Color:
9. Would you like to identify gender, and	if so, how?		
10. Physical Home Address:			Apt:
City: Kin	gston State: NY	Zip Code: 12401	
<ul> <li>As a City of Kingston Identific</li> <li>The City of Kingston ID Catransferable.</li> <li>The card is valid for a term</li> <li>Altering or intentionally danused by another person mathematically.</li> <li>Cardholder must notify the Cardholder is response confiscated, or intentionally</li> </ul>	cation cardholder, I under and is issued solely to rest of 4 years from date of it maging the card, using any result in confiscation.  City of Kingston immediates for paying any redamaged, or when any items.	derstand that: sidents of the Ci ssuance. nother person's of of the card and iately if a card is eplacement fee	ty of Kingston, NY and is non- card, or allowing your card to be d charges under the NYS Penal s lost or stolen. when a card is lost, stolen, hanged at cardholder's request. shall be returned to the City for
	CERTIFIC	ATION	
conducted by the City of Kingston NY to false documentation or other false inform	e true to the best of my know verify and confirm the inform	ledge. I certify tha nation that I have su fice to obtain a Cit	4 years of age and all documents submitted to by signing this application I agree to an inquishmitted. I also acknowledge that submission of y of Kingston Identification Card is a violation of the State of New York.
SIGNATURE OF APPLICANT	DATE (MM/DE	D/YYYY)	GUARDIAN (if applicable)
The City Clerk's Of The application will not be re	fice has reviewed the detained, but returned to	ocuments subnother the applicant.	nitted by the applicant.  Clerk Initials:

Emergency NAME	Contact	Information:	
Phone #			
Relations	nip		