

IMPORTANT INFORMATION

The Court Complex Express Entry Program has been established to provide attorneys who have their principle office in the 6th Judicial Circuit with express access to the Judicial Centers in Pasco County, while continuing to maintain appropriate security procedures. The PCID cardholder must display his or her card at all times when entering or exiting a Pasco County Judicial Center/Courthouse. Weapons are NOT allowed inside any Pasco County Judicial Center/Courthouse.

INSTRUCTIONS - Submit to PSO Human Resources ♦ 8700 Citizen Drive, New Port Richey, FL 34654 ♦ (727) 844-7791

- 1. A completed request form
- 2. A copy of current FL Driver's License
- 3. A copy of your Social Security card
- 4. A copy of your FL Bar Membership Credentials
- 5. A Check in the amount of \$30.00 (non-refundable) payable to the Pasco Sheriff's Office (to cover our processing fees).

PLEASE PRINT OR TYPE AND PROVIDE ALL INFORMATION REQUESTED

Last Name: _____ First Name: _____ M.I.: _____

Sex: _____ Race: _____ Date of Birth: ____/____/____ Hair Color: _____ Eye Color: _____ Ht: _____ Wt: _____

FL Driver's License#: _____ SS#: _____ FL Bar #: _____
(Please attach copy of DL) (Please attach copy of SS card) (Please provide proof of membership)

Home Address: _____ City: _____ State: _____ Zip Code: _____

Contact Telephone#: _____ Email Address: _____

Name of Law Firm: _____

Address: _____ City: _____ State: _____ Zip Code: _____

- Mail PCID card to me at the address shown above (certified mail/return receipt requested).
- I prefer to pick up the PCID card in Human Resources and authorize that the card may be given to my representative identified below:

(Please PRINT name of authorized representative)

I request that I be issued a PCID card by the Pasco Sheriff's Office. I practice in the 6th Judicial Circuit and I am a member of the Florida Bar, in good standing. I understand that I must immediately report the theft or loss of the issued PCID card to the Pasco Sheriff's Office Human Resources Section, in writing. I understand that the information contained on this form is public record under Florida State Statute 119. I understand that PCID cards may be revoked at anytime at the discretion of the Sheriff, and that PCID cards expire one year from the date of issuance. I understand that I will be responsible for re-applying for a current card at that time.

Attorney: _____ Signature: _____ Date: _____
(Please Print)

State of FLORIDA, County of _____

I hereby certify that _____ personally signed and acknowledged this document before me, a Notary Public in the State of Florida, on this _____ day of _____, _____. He/she did not take an oath and

- is personally known to me and/or
- provided the following identification: _____

Signature of Notary Public: _____ Notary Stamp or Seal: _____

PCID Card Received by:
Signature of Attorney or Authorized Representative: _____ Signature: _____ Date: _____
(Please Print)

Pasco Sheriff's Office Human Resources use ONLY

H.R. PCID Tracking Log #: _____ Expiration Date: _____ Fee paid and sent to Fiscal ____/____/____

Photo ____/____/____ by: _____ Finger Prints ____/____/____ by: _____

Background Checks: FCIC/NCIC ____/____/____ DAVID ____/____/____ FL Bar ____/____/____ by: _____

- ID card Issued and: Mailed CM# _____ (RRR) Signed RR attached
- Being picked up (have attorney or authorized representative sign above for card)