

IMPORTANT INFORMATION

Per Administrative Order 2017-073 PA-CIR, 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 completed Statement of Purpose for Collection of Social Security Numbers (PSO# 20215)
3. A check or money order 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 attach a copy of FL Bar 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:

Authorized Representative: (PLEASE PRINT) \_\_\_\_\_

I am requesting to 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 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 the information contained on this form is public record under Florida State Statute 119. I understand PCID cards may be revoked at anytime at the discretion of the Sheriff, and PCID cards expire one year from the date of issuance. I understand I will be responsible for re-applying for a current card at that time. By completing and signing this form, I agree to all of the stipulations included in Administrative Order 2017-073 PA-CIR.

Attorney: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Court Security  Approved  Denied Date: \_\_\_\_\_ Chief Judge  Approved  Denied Date: \_\_\_\_\_

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

**Pasco Sheriff's Office Human Resources use ONLY**

- Background Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_
- FL Bar \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_
- Photo \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_
- Fee paid and sent to Fiscal \_\_\_\_/\_\_\_\_/\_\_\_\_

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