

# 2024 NYSFOP Associate Picture ID

First Time \$125       Renewal \$100.00      Date \_\_\_\_\_

ELIGIBILITY: You must be an Associate Member of the New York State Fraternal Order of Police in good standing. A copy of your Driver's License MUST BE SUBMITTED with the application. The submission of any false information may result in the prevention and/or revocation of your privilege to have a NYSFOP picture ID. Eligibility will be verified. This is the only form that will be accepted when accompanied with the applicant's personal check or money and the "GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION" SIGNED AND NOTARIZED.

Please Print (as it appears on your Driver's License)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Lodge # \_\_\_\_\_ Home # \_\_\_\_\_


Employer \_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO or DWI?  YES  NO

New York State Department of Motor Vehicles

## GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

I \_\_\_\_\_, authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to the NYS FRATERNAL ORDER OF POLICE, my name, address, plate number, driver's license record, and registration information during the time period in which I hold the Picture ID issued by the NYSFOP.

 Applicant Signature \_\_\_\_\_

STATE OF \_\_\_\_\_

ss:

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally appeared \_\_\_\_\_

to me know and who by being duly sworn, acknowledged to be the person described in and who executed the foregoing consent and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public