STANISLAUS COUNTY
APPLICATION FOR CUSTODIAL FACILITIES PASS

(Please print or type)

(First) **Name** | (Middle) **Name** | (Last) **Name**

Mailing Address | **City** | **Zip Code**

Phone # | **Date of Birth** | **SSN**

Driver's License # | **State** | **E-mail**

Employer Name

Mailing Address | City | Zip Code

Phone #

Representing Agency/ Business

Mailing Address | City | Zip Code

Supervisor's Name | Phone #

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FOR OFFICE USE ONLY

Date Rec'd | **by** | **I.D.** | **DDL**

Notes/Remarks | **Auto Rap**

Denied | **by** | **Date denied**

Approved | **by** | **Date issued**

Pass expires | Renewed