

RESIDENT ID CARD APPLICATION

City of Bridgeton

INSTRUCTIONS

Read every question carefully. Answer every question - **LEAVE NO BLANK SPACES.** Per **Ordinance No. 89-37**, applicants who have intentionally made a false statement of material, fact, or practiced, or attempted to practice, any deception or fraud in his/her application, may be rejected and criminally prosecuted.

FEES

A **NONREFUNDABLE** Application fee of **\$15.00 / \$8.00** [§284-7(D)] is required when the application form is submitted.

Applicant Information (PRINT)

New Card

Renewal

Replacement

Full Name of Applicant: _____

Enter only one address below - your local, or care address:

Local Address: _____

Care Address: _____

City: Bridgeton State: New Jersey ZIP: 08302

Telephone Number: _____ (Enter **NONE**, if applicant has no phone)

Date of Birth: _____

Application Review - City Clerk

Application Received: Date: _____ Time: _____ Initials _____

If this is a card renewal application, and the applicant's card is present, check here and skip to **Section 2, Proof of Residency**, otherwise proceed to **Section 1 – Proof of Identity**.

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Section 1 - Proof of Identity

| Document Type | Photo? (Yes/No) | Name Match? | DOB Match? | Points (0-4) |
|---------------|-----------------|-------------|------------|--------------|
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Total Points: _____

| §284 – Table 1 | | |
|--------------------------------------|--|--|
| Acceptable Identity Documents | | |
| Document Points | Information Shown | Document Examples |
| 4 Points | Photograph, Name, <u>and</u> Date of Birth | Passport; Consular, or Permanent Resident ID card, License, Visa |
| 3 Points | Name <u>and</u> Date of Birth | Birth Certificate, License |
| 2 Points | Photograph <u>and</u> Name | License, Military ID |
| 1 Point | Name only | Social Security or EBT card |

If the *proofs of identity documents total at least 4 points*, then proceed to **Section 2**.

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Section 2 - Proof of Residency

| Document Type | Document Date | Name Match? | Address Match? | Acceptable (Y//N) |
|---------------|---------------|-------------|----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

If two (2) **proofs of residency** documents are found acceptable, then proceed to **Section 3**

Section 3 – Issue ID Card

Resident ID Card Number: _____

Date: _____ Time: _____ Initials _____

ACKNOWLEDGMENT

I, _____
(Print name)

hereby acknowledge the receipt of my **Bridgeton Resident ID Card**, and understand that I must return the card if my address changes, or I move outside of the Bridgeton city limits.

(Signature)

(Date)

NOTICE

Failure to return the residential ID card due to a change of Bridgeton address or change of address outside of the Bridgeton city limits shall, upon conviction thereof, be punished in accordance with the provisions of the Bridgeton Municipal Code Chapter 1, Article III, General Penalty.