



**NEW WESTMINSTER
PICKTON IDENTIFICATION FORM**

+ TO BE FILLED OUT BY AUTHORIZED PERSON ONLY (Please print clearly) -

USER DETAILS

Last Name:		<input type="checkbox"/> Counsel _____ <input type="checkbox"/> Criminal Justice Branch <input type="checkbox"/> Judiciary <input type="checkbox"/> Media _____ <input type="checkbox"/> Other _____	
First Name:	Initial:		
Office Address	Phone No.		
	Fax No.		
	Dept or Position Title		

CONDITIONS FOR CARD AND IDENTIFICATION ISSUE. Upon receipt of this card I agree that:

1. If this card is lost or stolen, I will immediately notify **Sheriff Services @ 604-660-8526**.
2. This card remains the property of **Sheriff Services** and must be surrendered upon request or termination of my involvement with/expiration of the Pickton trial.
3. This card is personally issued and is not to be loaned to other persons.
4. This Photo Identification is not to be used for any purpose outside of the court or in relation to the Pickton trial.
5. I must produce my Identification card upon request by **Sheriff Services** staff.

I CERTIFY THAT I HAVE READ AND AGREE TO THE CONDITIONS FOR USE:

Signature:	Print Name:	Date:
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ACCESS CARD REQUEST (ADMINISTRATIVE USE ONLY)

Special Access <input type="checkbox"/>	Card Information	CHECK LIST	
Please specify:	Card Code: _____ Cross Ref: _____	Access created <input type="checkbox"/> _____ Card Issued <input type="checkbox"/> _____	Notes:

PHOTO IDENTIFICATION CARD REQUEST (ADMINISTRATIVE USE ONLY)

Department: _____	Photo Taken <input type="checkbox"/>	Card Received <input type="checkbox"/>	
Authorized by: _____	Photo Email'd <input type="checkbox"/>		

(ADMINISTRATIVE USE ONLY)

NOTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/> Issued by: _____ Date: _____	COMMENTS:
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