

**Sam C. Steele, CFC**  
Monroe County Tax Collector  
1200 Truman Ave., Ste. 101, Key West, FL 33040  
(305) 295-5063

**WORKER IDENTIFICATION CARD**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First, middle, last)

Stage name or aliases: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**IT SHALL BE UNLAWFUL FOR ANY PERSON APPLYING FOR A WORKER IDENTIFICATION CARD TO MAKE A FALSE STATEMENT OR OTHERWISE PROVIDE FALSE INFORMATION WHICH IS INTENDED TO FACILITATE THE ISSUANCE OF SAME.**

Applicant's Signature: \_\_\_\_\_

STAFF USE ONLY

\_\_\_\_ APPROVED      ISSUE DATE: \_\_\_\_\_      PROOF OF AGE: \_\_\_\_\_

\_\_\_\_ DENIED      ACCOUNT # \_\_\_\_\_      DRIVERS LICENSE # \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_      OTHER ID (type/#) \_\_\_\_\_