UNIVERSAL

IDENTIFICATION CARD

255 E. HIGHLAND AVE. #2 SAN BERNARDINO CA. 92404
909-383-8500 fx-888-316-6775

FIRST NAME (Nombre): _____ M.I. _____ LAST NAME (Apellido): _____

ADDRESS (Direccion) _____ APT.# _____

CITY (Cuidad) _____ STATE (Estado) _____ ZIP CODE (Codigo Postal) _____

DATE OF BIRTH (Fecha de Nacimiento)

MONTH (Mes) _____ DAY (Dia) _____ YEAR (Ano) _____

HEIGHT (Estatura) : _____ FT' (Pies) IN' (Pulgadas) WEIGHT (Peso) : _____ LBS' (Libras)

HAIR (Pelo):_____ EYES (Ojos):_____ SEX (Sexo): F/M M/H

EMERGENCY CONTACT:_____ TELEPHONE: ( ) _____ _____
(Contacto de Emergencia) (Telefono)

NOTICE:
Under penalty of perjury I, the undersigned swears and affirms all the information on this application has been furnished by myself, and the same information is true and correct. Futhermore I agree that I will only use this Universal I.D. CARD for lawful and legal purposes, I also understand that the UNIVERSAL I.D. CARD is a non government document and its acceptance is at the discretion of the party being presented with such.
Bajo pena de pejurio, yo,posteriormente firmado, juro que toda la informacion presentada en esta aplicacion es verdadera y correcta. Adicionalmente estoy de acuerdo que yo usare la Universal I.D. para razones legales, y entiendo que este I.D. CARD no es document del govierno y por lo cual su aceptacion esta a la discrescion de la persona que la sea presentada.

SIGNATURE/ FIRMA:

PICTURE/FOTO:

UNIVERSAL ID USE ONLY

I.D. # _____

PAID / PENDING