

**DANISE D. HENRIQUEZ, CFC**  
**Monroe County Tax Collector**  
**1200 Truman Ave. Ste. 101 Key West, FL 33040**  
**P.O. Box 1129, Key West, FL 33041 (305)295-5063 or (305)295-5061 Fax (305)295-5020**

**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/#)** \_\_\_\_\_