APPLICATION FOR COUNTY ISSUED IDENTIFICATION BADGE _______ Non-Certified Paralegal/Courier/Runner

NAME OF AF	PPLICANT			
		Last	First	Middle
DATE OF BIR	TH//	HOME PHON	NE # ()	
COMPANY NA	\ME		PHONE	E # ()
BUSINESS AD	DDRESS			
EMAIL ADDRE	ESS:			
LIST ANY OTH	HER NAME USED IN F	PAST 5 YEARS		
Certificate of	Sponsoring Attorney	<u> </u>		
I certify the per	rson above is employe	d in my organizatio	on, and meets the criteria de	escribed below:
1) 2)			ousiness at least 52 times p elayed if he/she were requi	per year. ired to pass through a security
organization. I Guilford Count assessed for lo	If I fail to do so, I under ty has the right to verify	rstand the county my y use of ID badges ges. Should courtho	via camera or other electro	person is no longer in my padges for my organization. onic means. There will be a fee equired amount, higher fees may
Printed Name	of Sponsoring Attorney	у	NC	State Bar #
Signature of Sponsoring Attorney				Date
Requirements	s at Time of Application	<u>on</u>		
1) Comple	eted application			
			county the applicant has related at the time of application	esided in during the previous fou n.
3) \$15.00) fee (check or cash).			
accompany me is my duty to s understand this this badge can	e through the card swip ecure this badge, and s is a privilege, which o	pe entrances or car agree to contact Se can be rescinded by pany business in the	rry unauthorized items into ecurity immediately at 641-3 y proper authority in their so	a person without a badge to the courthouse. I understand it 3068 if it is lost or stolen. I ound discretion. I understand or personal use. This ID badge
Applicant Sig	nature		Date _	
		For offi	îce use only	