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**TOWN *of* DOVER**

**MUNICIPAL ID APPLICATION**

*James P. Dodd, Mayor*

**New Application** - Dover Residents Only ($25.00 fee) ***Official Use Only***

**Card Information Change** - ($15.00 must bring old ID card) Application Date:

**Card Lost/Stolen/Damaged** - ($15.00 fee) Employees Initials:

 SEQ ID#:

**First Name**: **Middle Initial**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address or C/O Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** (Home/Work/Cell):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Phone Number of Emergency Contact**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: \_\_\_\_\_Female \_\_\_\_\_Male \_\_\_\_\_Not Designated

**Date of Birth**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **Eye Color**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Height**: \_\_\_\_\_\_\_Feet\_\_\_\_\_\_\_\_\_\_\_Inches

**CERTIFICATION**: *I affirm that I live in the Town of Dover; I am at least 14 years of age; and all documents submitted and statements made on this application are true to the best of my knowledge. I certify that by signing this application I agree to an investigation conducted by the Town of Dover to verify or confirm the information I have submitted. If I applied for and received and Town of Dover ID card before, I certify that the original card was expired, lost, stolen, or damaged.*

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 Signature of Applicant Date Signature of Caregiver (if applicable)

You **must** meet the following criteria to apply for a Town of Dover ID Card:

1. At least 4 points of documents with at least 3 points proving identity and at least 1 point proving residency.
2. At least one of the documents submitted must have a photo, unless applicant is age 14-21 and accompanied by a caretaker.

3) At least one of the documents submitted must include date of birth.

* Proof of identity. In order to establish identity, an applicant shall be required to produce documents, current or expired not more than 5 years prior to the date of the municipal ID card application
* Age Requirement: The minimum age to apply for a TOD-ID card is 14. Applicants age 14 and older may apply without a legal guardian or caretaker.
* Applicants age 14-21 without photo identification: Applicants age 14 to 21 may apply without photo identification if accompanied by a caretaker who can demonstrate proof of a relationship to the applicant. An eligible caretaker is a birth parent, adoptive parent, legal guardian, legal custodian, foster care parent, NJ Department of Children and Families, or caseworker from NJ foster care agency. The applicant must provide at least 2 points of documents proving identity. The caretaker must provide at least 3 points of documents proving his or her own identity, including photo identification. The applicant and caretaker must also provide one document from the Caretaker Relationship section.
* Residency: All TOD-ID applicants, except individuals without a home address and survivors of domestic violence, are required to provide their home address. If the applicant lacks a home address or is a survivor of domestic violence, the applicant is required to prove residency within The Town of Dover, but, is permitted to designate a non-profit organization or religious institution where mail will be received as a Care-of Address. TOD-ID cards that do not have an address listed or that have a Care-of-Address listed may not be accepted in all circumstances.

**Four (4) Point-Proof of Identify & Residency**

**New Jersey Department of Motor Vehicles (DMV) Driver's License or Learner's Permit with current NJ address**

**NJ DMV Identification Card with current NJ address**

**NJ Handgun License (dated within 1 year)**

**Three (3) Point Documents-Proof of Identity**

**U.S. Passport or U.S. Passport Card**

**Foreign Passport (machine readable)**

**U.S. State Driver's License or Learner's Permit Photo ID**

**U.S. State Identification Card**

**U.S. Permanent Resident Card (Green Card)**

**Certificate of U.S. Citizenship/Naturalization**

**Common Access Card (for active duty, retiree, or reservist military personnel)**

**Current U.S. Work Permit**

**U.S. Tribal ID**

**U.S. Federal Government issued photo ID**

**Town of Dover-ID Card (for change of information or renewal)**

**Foreign Passport (not machine readable)**

**Consular Identification Card w/ photograph**

**Two (2) Point Documents-Proof of Identify**

**U.S. Federal, State, or Local Government Employee ID**

**U.S. Birth Certificate**

**Visa Issued by U.S. State Department**

**Foreign Driver's License**

**Social Security Card**

**U.S. Individual Taxpayer Identification Number Authorization Letter**

**U.S. Uniformed Services ID**

**Town of Dover Mobile Food Vendor License**

**Approval Notice Issued by U.S. Citizenship and Immigration Services**

**One (1) Point Documents –Proof of Identity**

**Foreign National Identification Card (Cedula)**

**Foreign Birth Certificate**

**Foreign Military Photo Identification Card**

**Educational Institution ID Card: middle school, high school, universities, colleges, and post-secondary schools**

**U.S. High School or High School Equivalency Diploma, Post-Secondary, College or University Diploma**

**U.S. School Transcript**

**NJ EBT Card without photo**

**U.S. Union Photo ID**

**Employee Identification Card from U.S., including clergy ID**

**Marriage, civil union, domestic partnership or divorce certificate**

**U.S. Voter Registration Card**

**U.S. Selective Service Registration Card**

**Your child's U.S. Birth Certificate (must list applicant as birth parent)**

 **One point ne (1) Point Documents - Proof of Residency**

**One point (1) Proof of Residency**

**Cable, Phone, or Utility Bill (dated within 60 days)**

**Current Residential Property Lease**

**Local Property Tax Statement (dated within 1 year)**

**Property Mortgage Payment Receipt (dated within 60 days)**

**Minimum 3 Bank Account Statements (dated within 60 days)**

**Employment Pay Stub (dated within 60 days)**

**Statement, bill, or record from HHC Options program or federally**

**Jury Summons or Court Order Issued by NJ or Federal Court**

**(Dated within 60 days)**

**Federal, NJ, or NJ Income Tax Filing or Refund (dated within 1 year)**

**Insurance bill (homeowner's, life, renters, automobile, health insurance; dated within 60 days)**

**Letter from TOD Housing Authority (dated within 60 days)**

**Letter from elementary, middle, high school School where applicant or child of applicant is enrolled (dated within 60 days)**

**Day Care Agency (dated within 60 days)**

**Letter from Homeless shelter in NJ (must state applicant has stayed at the shelter for 15 days and the shelter allows residents to remain for more than 30 days)**

**Certificate of Compliance from the Town of Dover Code Enforcement Department**

**One (1) Point Documents – Proof of Residency for applicants without or survivors of domestic violence**

**One (1) Point Documents-Proof of Residency for applicants without a home address or survivors of domestic abuse**

**“Care-of Letter” Issued by nonprofit organization or religious institution in NJ serving homeless individuals or survivors of domestic violence. Entity must currently receive State funding.**

**Letter must indicate applicant has received services from the entity for past 60 days and may use entity’s address for mailing purposes (dated within 14 days). Address on card will be “Care-of” the organization.**

**Letter from NJ agency, nonprofit organization, or religious institution in NJ that provides services to individuals without a home address (dated within 30 days). No address will appear on the card.**

**Letter from NJ agency, nonprofit organization, or religious institution in NJ that provides services to survivors of domestic violence (dated within 30 days). No address will appear on the card.**

**Letter Issued by a Hospital or Health Clinic in NJ (dated within 30 days). No address will appear on the card.**

**Caretaker Relationship- Proof of relationship between caretaker and young adult applicant, age 14-21**

**Minor Applicant’s Birth Certificate**

**Adoption Decree**

**Court Decree**

**Letter from NJ Department of Children and Families**

**Care Agency**

**U.S. Tax Return**