

## DOUGLAS COUNTY SHERIFF'S OFFICE SOLICITOR REGISTRATION FORM

The following information must be completed in order for us to process each card. The cards will expire ONE YEAR from date issued. Instructions are on the back of this document.

**PLEASE PRINT LEGIBLY OR TYPE THE INFORMATION IN EACH BLOCK.**

**DO NOT WRITE IN SHADED AREAS.**

Reg #	Registration Status	Date Issued	Number of Cards Requested:		Individual ( ) Business ( )	
Name of Individual or Business:			Date of Birth:	Phone Numbers:		
Address:		City:	State:	Zip:		
Sex:	Race:	Height:	Weight:		Hair:	Eyes:
Driver's License Number:		License State:	Social Security Number:			
Product being sold: <input type="checkbox"/> DAIRY <input type="checkbox"/> CONSTRUCTION / HOME REPAIR <input type="checkbox"/> PUBLICATIONS <input type="checkbox"/> SUNDRIES / COSMETICS <input type="checkbox"/> FOOD <input type="checkbox"/> SERVICES <input type="checkbox"/> YARD / NURSERY ITEMS <input type="checkbox"/> OTHER:						
Employer:						
Address:		City:	State:	Zip:		
Phone:		Secretary of State Registration Number:				
Vehicle License Plate:	Vehicle License State:	Vehicle License Year:		Vehicle License Type:	Vehicle Year:	
Vehicle Style:	Vehicle Make:	Vehicle Model:	Vehicle Color:			
Vehicle Owner Name:			Vehicle Owner Address:			
<b>BELOW IS FOR OFFICIAL USE ONLY</b>						
BUSINESS TRANSACTION PROOF PRESENTED:						
FEE ASSESSED:			METHOD OF PAYMENT:			
NUMBER OF CARDS ISSUED:						
PERSON PROCESSING / ISSUING CARDS:						