



EVESHAM POLICE DEPARTMENT SOLICITOR'S REGISTRATION

**ATTACH
RECENT
PHOTOGRAPH**

FOR POLICE USE ONLY

**ATTACH A PHOTOCOPY
OF A SOURCE OF
POSITIVE IDENTIFICATION**

Name (Last Name, First Name, MI)				
Present Address (#, Street, City, State, Zip)				# Years
Permanent Address (<input type="checkbox"/> √ if same as above)				# Years
Telephone Number	Date of Birth		Social Security Number	
City/State of Birth	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation	
Employer (Name/ Address and Telephone Number)				
Sex	Height	Weight	Hair Color	Eye Color
Complexion	Distinguishing Marks			
Nearest Relative (Name/ Address and telephone number)				
Purpose of solicitation				
Have you ever been convicted of a crime or disorderly persons offense?				
If yes, provide details (Date, Location, Offense)				
Signature of Applicant			Date	
I certify that the above information is correct and true to the best of my knowledge and that any false information may result in criminal charges being brought against me and that my Solicitor's permit will be revoked.				

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> Chief of Police Date </div>
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