



ArgoCard Identity Verification Form

I am requesting a FNP badge, and by submitting this form and the other documents requested, do hereby certify that the information provided is true and accurate.

Section 1:

To be completed by applicant

Print Name: _____
(First Name, Middle Initial, Last Name)

UWF ID#: _____ Date of Birth: _____

Email: _____ Daytime Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Applicant: _____ Date: _____
(Sign in the presence of a Notary Public)

Section 2:

To be completed by Notary Public

State of _____ County: _____

I hereby certify that on this _____ day of _____, 20____,

_____ personally appeared to me the signer and subject of the above form, who signed or attested to the same in my presence, and presented one of the following forms of photo identification as proof of his/her identity:

Driver's License - State Issued: _____ DL#: _____

Passport - Passport #: _____

Gov't Issued ID - Type: _____ ID #: _____

Notary Public: _____
(Print Name)

My Commission Expires: _____

Notary Public Signature: _____



(Reserved for Notary Seal)