

**STANISLAUS COUNTY  
APPLICATION FOR CUSTODIAL FACILITIES PASS**

(Please print or type)

(First) Name	(Middle) Name	(Last) Name
Mailing Address	City	Zip Code
Phone #	Date of Birth	SSN
Driver's License #	State	E-mail

Employer Name		
Mailing Address	City	Zip Code
Phone #		

Representing Agency/ Business		
Mailing Address	City	Zip Code
Supervisor's Name		
Phone #		

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**FOR OFFICE USE ONLY**

Date Rec'd	by	I.D.	DDL
Notes/Remarks		Auto Rap	
Denied	by	Date denied	
Approved	by	Date issued	

Pass expires

Renewed