



Division of Consumer Affairs

## I.D. BADGE REPLACEMENT REQUEST

- Vehicle For Hire Driver - \$30.00
- Caregiver/ HHA - \$15.00
- Tow Driver - \$30.00
- Adult Entertainer - \$30.00

I hereby request a replacement of previously issued I.D. Badge.

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Printed Name

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Date

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Signature



**PALM BEACH COUNTY**  
**PUBLIC SAFETY DEPARTMENT**  
*Enhancing the safety and well-being of our community*  
**CONSUMER AFFAIRS**  
50 South Military Trail  
Suite 201  
West Palm Beach, FL 33415  
561-712-6600  
Fax: 561-712-6610

**Credit Card Authorization Form**

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number ( <b>LAST 4 DIGITS ONLY</b> ): _____ Once the completed form is received, customer will be contacted to provide the 12 digits from card number over the phone and the 3 digit CVV#.
Expiration Date (mm/yy): _____
Billing Address: _____ City/State/Zip: _____

I, \_\_\_\_\_, authorize the use of the credit card below for payment in full of \$ \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date