

IMPERIAL COUNTY SHERIFF'S OFFICE
Application for Clearance

Name: _____ Telephone: _____

Email Address: _____

Home Address: _____
(Number) (Street) (City) (State) (Zip)

Date of birth: _____ Check one: Female: _____ Male: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____

Identifying marks or scars: _____