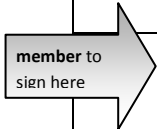




Patroller ID application

surname		first name	
ID (Passport) #		cell number	
address			
email address			
Doctor's name		Doctor's contact #	
trained by		training date	
		Ops manager signature	
SAPS SC signature		EXCO signature	



Office use :

SAPS station	Diepriver	card #		45mm x 35 mm Passport size colour photo (attach 1) + 2 nd one for ID card
on file	code of conduct	indemnity	ID Doc	
issue date		expiry date	December 2016	
collected		delivered		

patroller signature		
SAPS SC signature		
station	Diepriver	
	SFNW 086 000 2669	
	Always There	

