APPLICATION FOR IDENTITY CARD QE II COURTS OF LAW

DATE OF BIRTH:E MAIL ADDRESS	FIRST NAMES:	SURNAME:	
REGION:BRISBANETELEPHONE CONTACT NUMBER :	DATE OF BIRTH:	E MAIL ADDRESS	
Applicants Specimen Signature within bracketed area	I AM QFULL MEMBER		
EMPLOYEE SIGNATURE Please use Black Ink Protective Services is collecting personal information on this form and by photograph for the purpose of creating a Queensland State Government identity card for QEII Courts of Law This information will be securely stored within the office of Protective Services. Unless required or authorised by law, your personal information will not be passed on to any other third party without your consent. For use by Qld Law Society or Bar Association I certify that I have assessed the application and recommend /not recommend that a card be issued to the applicant Signature	REGION:BRISBA	NETELEPHONE CONTACT NUMBER :	
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(Signature)_____(Name)_____