

Secured Party Creditor ID Card Application

SPC Full Name: _____

Debtors Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____)____-_____

Email: _____

DOB: __-__-____ Hair Color: _____ Eye Color: _____ • Sex: _____

Weight: _____ Height: _____

Date of UCC-1 filing: __-__-____ Expiration Date: __-__-____ or no expiration

State UCC-1 filed in: _____ Filing Number of UCC-1: _____

Copy of UCC-1 filing Receipt you received from online filing or mail-in filing

A Color Photo Meeting the Below Criteria (please note that the photo can be submitted either by mail or through e-mail)

1. Color photos of a front view of your head and shoulders is required
2. Original photo only, bigger is better. Minimum size is 1 11/16" x 2 1/8" Maxim size should not exceed 8.5" by 11" (please note we will return your photo with your ID.) If submitted by e-mail please make sure that your photo is at least 300 DPI.
3. Photos must be taken against a **plain white background without shadows**. Passport photo is best.
4. Look directly into the camera with a natural expression.
5. Tinted prescription glasses maybe worn as long as the eyes are clearly visible.
6. A photo in which you are wearing a hat or head covering or anything that interferes with the photo's value in providing a means of identifying you is not acceptable.

Photos that do not meet the above specifications, or that do not allow a clear and positive identification (image that are too dark, too light or blurry) will not be accepted. You want this photo to be as close a likeness to yourself as you can get it so that you are able to easily and effectively use it for identification.

Place your **signature** inside the box above Using a BLACK - BOLD tipped pen or felt tipped pen below – WITHOUT Your Signature Touching Or Crossing Over The Lines, be sure it is straight and easy to read Please take your time signing, make it look professional and readable.

Place your 

Right Thumb Print

in red ink inside the box
WITHOUT Your print
Touching Or Crossing
Over The Lines.

I by the above signature and seal agree not to misuse the document created by my agent on my behalf and further indemnify Sovereign Filing Solutions as my agent from harm in any and all ways in the use and/or the misuse of the foresaid and verify that the aforesaid information is true to best knowledge and ability.

Attorney-In-Fact ID Application

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: (____)____-_____
Email: _____
Hair Color: _____ Eye Color: _____ • Sex: M F
Weight: _____ Height: _____

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Unnumbered ID Card Application

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: (____)____-_____
Email: _____
DOB: __-__-____ • Sex: _____ Weight: _____ Height: _____

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Sovereign Connection Press Card Application

Stop: If you are not currently a member of the Sovereign Connection (www.SovereignConnection.com) then you are not eligible for applying for this press pass.

Sovereign Connection User Name: _____
Full Name: _____
Phone: (____)____-____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

A Color Photo Meeting the Below Criteria (please note that the photo can be submitted either by mail or through e-mail)

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Over The Lines.

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Furthermore I warrant that I will act in the best interest of the Sovereign Connection and report my findings and stories regularly to the Sovereign Connection website for the benefit of the Sovereign Connection community.

Global Identification Application

Full Name: _____

Email: _____ Phone: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Hair Color: _____ Eye Color: _____ • Sex: M F

Weight: _____ Height: _____

All fields on
this form
are required!!

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Your email will be used to register your account with <http://GlobalBusinessElite.com> and you will receive your password automatically via email.