

APPLICATION FOR STATE POLICE ID CARDS

Department of State Police
P. O. Box 27472
Richmond, Virginia 23261

I hereby make application for the issuance of State Police Identification cards for the following employees of this broadcasting station:

	(Card No.) VAB Use
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I certify that these bona fide reporters agree to the conditions stated on the identification card under which the card is issued and will, in the event of separation of the above-named employees from the service of this broadcasting station, take up the cards and return them to VAB for cancellation or replacement in the name of another.

It is understood that the card is subject to revocation at any time for abuse of privileges extended by it and that it gives the holder no right to violate any of the laws of the State of Virginia.

(Broadcasting Station)

(General Manager)

(DATE)

(Station Mailing Address)

AFFIDAVIT

Before me, the undersigned authority empowered to administer oaths, has appeared _____ who, being duly sworn, declares the statements and affirmations in the above application to the Superintendent of the Department of State Police to be true to the best of his knowledge and belief.

(Notary Public)

(Place)

(Date)

NOTE: This form must be accompanied by passport-type photograph of each applicant in a JPG, PNG, TIFF or PDF format. Photos must be emailed to ronnie.vance@easterassociates.com with the subject name "[Station Name] Police ID Headshots". THE PAPER FORM MUST BE MAILED DIRECT TO:

Executive Director
Virginia Association of Broadcasters
250 West Main Street, Suite 100
Charlottesville, Virginia 22902