



Application for State Police Identification Cards

Return this application to Virginia Press Association, ATTN: State Police IDs, 11529 Nuckols Road, Glen Allen, VA 23059. It must be accompanied by a photo (2"x1.5") for each applicant.

I submit this application for the issuance of State Police Identification Cards for the following employees of this newspaper. (PLEASE TYPE NAMES.)

I certify that these bonafide employees 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 newspaper, take up the card and return it to you 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 Commonwealth of Virginia.

Newspaper _____

Mailing Address _____

Telephone _____ Fax _____

Publisher's Printed Name _____

Publisher's Signature _____

Date _____

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/her knowledge and belief.

Date _____

Notary Public _____

My Term Expires _____

Place _____