



Virginia Press  
Association

# Application for Virginia State Police Identification Card

For employees of VPA member newspapers and news organizations.

Return this application to: Virginia Press Association

ATTN: State Police IDs

11529 Nuckols Road

Glen Allen, VA 23059

**I submit this application  
for the issuance of Virginia  
State Police  
identification  
cards for the  
following employee(s)  
of this newspaper/news  
organization.**

*Please type, or print, name(s) in the  
available space to the right.*

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.

Name of Member Newspaper or Member Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_

*Note: This application must include a high-resolution image (300 dpi), or you may email the image to [williaml@vpa.net](mailto:williaml@vpa.net).*