



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 or news organization.

(Please type names or write legibly.)

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 _____

*This application must include a high-resolution image (300 dpi), or you may email the image to Deana Meredith
deanam@vpa.net*