

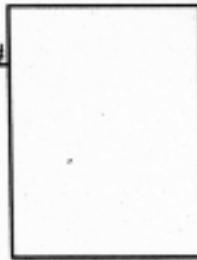


Police Department CITY OF NEW YORK

1 Police Plaza, New York, N.Y. 10038-1497 646-610-6700



CREDENTIAL #



RAYMOND W. KELLY, Police Commissioner
MICHAEL P. O'LOONEY, Deputy Commissioner, Public Information

"TEMPORARY" PRESS IDENTIFICATION APPLICATION

NAME OF APPLICANT			SOCIAL SECURITY NUMBER		
LAST	FIRST	M.I.			
DATE OF BIRTH	HOME PHONE	CELL PHONE	BEEPER NUMBER		
Month - Day - Year	(Area Code & Number)	(Area Code & Number)	(Area Code & Number)		
HOME ADDRESS			BUSINESS ADDRESS & PHONE NUMBER		
City	State	Country Zip	City	State	Country Zip Area Code & Number
EMPLOYED BY:			DIVISION OR DEPARTMENT		
Name of Organization			Name of Division/Department		
SPECIFIC ASSIGNMENT			ARE YOU EMPLOYED BY THE ABOVE AGENCY ON A FULL TIME BASIS? IF NOT, EXPLAIN YOUR STATUS:		
<p>I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE, I ALSO UNDERSTAND THAT IN CONSIDERATION OF RECEIVING A TEMPORARY PRESS CREDENTIAL, I WILL ALSO BE IN POSSESSION OF PHOTO IDENTIFICATION, UNDERSTAND THAT THE CREDENTIAL IS NON-TRANSFERABLE AND THAT IT MAY BE REMOVED BY AN OFFICER OR OFFICIAL OF THE NYPD AT ANY TIME.</p>					
DATE:		SIGNATURE:		PRINT:	
TO BE COMPLETED BY MANAGING OR CITY EDITOR (PRINT MEDIA) OR NEWS DIRECTOR (RADIO/TV)					
<p>I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES A TEMPORARY PRESS IDENTIFICATION CARD IN ORDER TO PERFORM THE ASSIGNED DUTIES WHICH REQUIRE THE CROSSING OF POLICE LINES AND ACCESS INTO THE AREA.</p>					
DATE:	TITLE:	SIGNATURE:	PRINT:	TELEPHONE:	