



## APPLICATION FOR MEDIA IDENTIFICATION CARD

### PLEASE CHECK THE APPROPRIATE BOX BELOW

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NEW APPLICATION FOR MEDIA IDENTIFICATION CARD

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RENEWAL – PREVIOUS CARD # \_\_\_\_\_

**PLEASE PRINT OR TYPE CLEARLY**

APPLICANT NAME LAST _____ FIRST _____ MI _____		COMPANY NAME _____	
DATE OF BIRTH ____/____/____		Department _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title _____	
HOME ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____		BUSINESS ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____	
HOME TELEPHONE # ( ) ____ - ____		BUSINESS TELEPHONE # ( ) ____ - ____	
<b>ARE YOU EMPLOYED BY THE ABOVE ORGANIZATION ON A FULL-TIME STAFF SALARIED BASIS OR ARE YOU AN INDEPENDENT?</b> FULL TIME <input type="checkbox"/> INDEPENDENT <input type="checkbox"/>			
<b>LIST THREE (3) OF YOUR MOST RECENT ASSIGNMENTS (WITHIN PAST SIX MONTHS)</b>			
DATE ____/____/____		LOCATION _____	
ASSIGNMENT _____			
DATE ____/____/____		LOCATION _____	
ASSIGNMENT _____			
DATE ____/____/____		LOCATION _____	
ASSIGNMENT _____			
I certify that I have read and will abide by the Local Rules of the United States District Court for the District of Vermont.			
APPLICANT'S SIGNATURE _____		DATE ____/____/____	
E-mail address: _____			

**MUST BE COMPLETED BY MANAGING OR CITY EDITOR (PRINT MEDIA) OR NEWS DIRECTOR (RADIO/TV)**

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES A WORKING MEDIA CARD OR MEDIA IDENTIFICATION CARD IN ORDER TO PERFORM HIS OR HER ASSIGNED DUTIES.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PRINT FIRST &amp; LAST NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**