No.

## SAN DIEGO POLICE DEPARTMENT

Media Identification Card Application		(FOR OFFICE L		
New	_Renewal	- -	(1 011 011 102 2	iol oner)
Press	Pass Number			
Name	(FIRST)		(MIDDL	E INITIAL)
Home Address (STREET A	DDRESS)	(CITY)		(ZIP CODE)
Date of Birth:		Email:		
Employer:	Job Title:			
Business Address (STRE	ET ADDRESS)	(CITY)		(ZIP CODE)
Date Hired	Home Ph:	Bus. Ph:		
I understand that possess privilege granted by the C fire lines. The Chief of Po guidelines established in	thief of Police to those lice reserves the right	who have a regi to deny or revok	ular need to cross e a card, accordir	police and/or
		(Applicant's Signa	iture)To be signed up	on retrieval of ID
I certify that this individual is emploretrieving the Media Identification C Office of the San Diego Police Depart	ard upon this employee's resi	ar need to cross poli gnation or terminatior	ce and/or fire lines. I vn and for returning it to	rill be responsible fo the Media Relations

Submitting Completed Application: All applications should be e-mailed to MedialD@PD.SanDiego.Gov. When the application has been processed, you will be notified by e-mail. Should additional information be needed by the Media Relations Office, the applicant will be contacted by phone or e-mail. Once the application has been processed and approved, bring the confirmation e-mail and your photo ID to SDPD Headquarters 1401 Broadway St. (8 a.m. to 4 p.m., Monday through Friday) to complete the credentialing process. Do not bring photographs; your photo and signature will be transferred to the media card by computer. The entire process should take no more than ten minutes. There is no cost to you. If you do not complete the credentialing process within 30 days of approval of this application, you will be required to reapply for the credential.

Approved:	
-	(SDPD AUTHORIZING AGENT)

Supervisor's Phone number

(Supervisor's Printed Name)