

Credential Number: _____



Capitol Press Corps Media Credential Application

Only members of the Capitol Press Corps who *regularly* cover the Governor will be issued a credential.

Please complete the fields below:

Name: _____

Telephone: () _____ Cell: () _____

Fax: () _____ Email: _____

Affiliation: _____

Driver License: _____ Birth Date: _____

Height: _____ Weight: _____

Hair: _____ Eyes: _____

Name and Title of Supervisor/Editor: _____

Telephone: () _____

Are you renewing an existing credential? Yes ____ No ____

Applicant's Signature: _____

Date (mm/dd/yyyy): _____

See "Governor's Press Office 2011 Credentialing Information" for additional details on submitting this form and finalizing credentialing applications.