

SAN JOSE POLICE DEPARTMENT PERMITS UNIT (408) 277-4452



PRESS PASS APPLICATION

Last Name		First Name			Middle Initial
Address	City		City	Zip	
Home Phone #		Ht:	Wt:_	Наі	r Eyes
DOB	Male Fem	ale Approve	d Governmen	nt ID w/Photo	0
CURRENT MEDIA	A EMPLOYMENT				
Media Employer _			Business	s Phone:	
Business Address	Number and Street				Zip Code
Your Position/Title					
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Signature				Σ	Date
DO NOT	COMPLETE THE S	SECTION BELOW	- FOR SJPD	VERIFICA'	ΓΙΟΝ USE ONLY
	PD APPI	ROVAL:	☐ YES	□NO	
APPROVED BY:	NAME		BADGE #	 	DATE
FEE: \$ R	ECEIPT #:	PERMIT #:	ЕΣ	KP:	RMS

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SAN JOSE POLICE DEPARTMENT

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PRESS PASS VEHICLE IDENTIFICATION CARD APPLICATION

VEHICLE DESCRIPTION						
LICENSE PLATE:	YEAR:	MAKE:				
	AGREEMEN	<u> T</u>				
I am regularly employed or engaged as a professional reporter, photographer, or cameraman.						
I WILL DISPLAY THE VEHICLE IDENTIFICATION CARD ONLY WHILE AT THE SCENE OF A NEWS EVENT WHILE ENGAGED IN THE DUTIES OF GATHERING NEWS.						
I agree not to block, hinder, or otherwise interfere with emergency equipment or activities, or in any manner impede or inhibit the free flow of traffic on city highways.						
I will exercise due prudence and caution in the parking of my vehicle.						
I understand the exemption to time metered zones and posted time zones regulating the stopping, standing, and parking of vehicles shall apply only for the duration of the news event.						
I agree that the press vehicle identification card is the property of the San Jose Police Department and may be recalled by the Chief of Police or his designee.						
SIGNATURE:		DATE:				
DO NOT COMPLETE THE SECTION BELOW - FOR SJPD VERIFICATION USE ONLY						
PERMITS U	JNIT OFFICE	E APPROVAL:				
APPROVED BY:		DATEBADGE#				

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