



NEWS MEDIA IDENTIFICATION BADGE APPLICATION
LEGISLATIVE SESSION 2014

To be completed by all applicants

Please Complete the Below Section In Full

Full Name *(Please Print)*: _____ Date: ___/___/___

Address: _____

Phone: _____ Driver's License No./State _____

Employer: _____ Job Title: _____

Employer's Address: _____ Work Phone: _____

Supervisor: _____ Supervisor's Phone: _____

Publication/Media website: _____

Legislative media badges are not required when reporting and communicating legislative proceedings. Media badges are issued as a security measure and may expedite entry into the building and gaining access into certain designated areas doing proceedings of the legislature when space is available.

To receive a legislative media badge, an applicant should not be an employee of an organization that engage in lobbying or paid advocacy, advertising, publicity or promotions for any individual, political party, corporation, organization or government agency and is a salaried staff correspondent, reporter or photographer regularly employed by a newspaper or television station. The television station or newspaper must verify the applicant's employment.

I certify the above information is correct and I agree to abide by the rules and expectations of the Louisiana Legislature. I understand that failure to do so can result in the removal/revocation of credentials. *

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Continue use of picture on file? Please check one. YES No

If No, Please submit an electronic photo via e-mail (**.jpg format**) to our office at HouseSgt.atArms@legis.la.gov if you would prefer to have a picture taken in our office, please call and schedule an appointment with us at 225-342-1228.

There is an **annual** fee of **\$10.00** which covers the cost of the Media Badge. You will be charged an additional **\$10.00** replacement fee for a lost badge. **We Do Not Accept Cash.**

Please make **checks/money orders** payable to: **Louisiana House of Representatives.**
Remit this form with your payment to:

**Office of Sergeant At Arms-HOUSE
P.O. Box 94062
Baton Rouge, LA 70804**

Please check here and provide your e-mail address if you would like to receive your media information via e-mail only. E-mail Address: _____

For Office Use Only: Date Paid _____ Payment method _____ Initials of SAA _____