



TEXAS HOUSE OF REPRESENTATIVES

Application for Accreditation
of Media Representative
for 88th Legislature

INSTRUCTIONS: Type or print clearly. You must complete all sections. This application must be notarized. This application must be accompanied with the certification letter from the news organization you represent.

PLEASE NOTE: The House of Representatives does not provide notary services. Upon receipt of a complete application, the information in this application and accompanying certification letter will be verified to determine if you qualify for accreditation.

SECTION 1

First Name Middle Initial/Name Last Name

Job Title Driver's License Number

E-mail Address Mobile Telephone Number

News Organization Name

News Organization Type (Check One) [] Print [] Broadcast [] Internet [] Wire Service

Supervisor First Name Supervisor Last Name

Supervisor Job Title Supervisor Telephone Number

SECTION 2

I certify that I am employed by the news organization named in Section 1, which is a print, broadcast, or Internet news organization, or a wire service serving such news organizations: (a) whose principal business is the periodic dissemination of original news and opinion of interest to a broad segment of the public; (b) which has published or operated continuously for 18 months: (i) as a for-profit organization that is supported chiefly by advertising or subscription revenue; or (ii) as a nonprofit organization that has qualified as a public charity under Section 501(c)(3), Internal Revenue Code of 1986; and (c) whose publications or operations are editorially independent of any institution, foundation, or interest group that lobbies the government, or that is not principally a general news organization.

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I further certify that I am not engaged in any lobbying or paid advocacy, advertising, publicity, or promotion work for any individual, political party, corporation, organization, or government agency.

I further certify that, to the best of my knowledge and belief, all of the information on this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information is grounds for denial of this application. I understand that all information provided may be verified for purposes of determining my eligibility for accreditation.

I request accreditation as a media representative and the issuance of a pass card.

Applicant Signature

Date

A C K N O W L E D G M E N T

State of Texas §
 §
County of _____ §

Sworn to and subscribed before me by _____ on _____, 202__.
(Applicant Name)

Notary Public in and for the State of Texas
My commission expires: _____

Return your completed application together with your news organization’s certification letter to house.mediacredentials@house.texas.gov or by fax to 512-463-8132.

For Office Use Only. DO NOT write below this line

1 2 3 Org Ltr Verified by _____ Date Issued: _____