Name:		
News-Gathering Organiza	ation:	
Mailing Address:		
City:	State:	Zip Code:
I hereby certify as eviden	ced by my signature below, that:	
, , , , ,	d and authorized by the above nar omit a request for vehicle accident	
,	nat I represent is a "News-gatherin 89.635(8)(b). Specifically, the orga	
_	g organization within the meaning	·
	please specify the applicable subse	• •
(b)1.af.)	, , , , , , ,	()
,	ng made in compliance with KRS	189.635; and,
,	ne above statements are truthful a	
189635(8)(d)4.		
	Signature of Applicant	 t
State of	County of	
Subscribed and sworn to a 20	nd acknowledged before me this	day of,
Notary Public, State At Lar	ge	
My commission expires:		