



NEWS-GATHERING ORGANIZATION CERTIFICATION

Name: _____

News-Gathering Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify as evidenced by my signature below, that:

- 1) I am duly employed and authorized by the above named news-gathering organization to submit a request for accident reports.
- 2) The news-gathering organization that I represent qualifies as a news-gathering organization as outlined in KRS 189.635(8)(b) and KRS 189.635(8)(d);
- 3) This request is in compliance with and meets the standards set forth in KRS 189.635; and
- 4) The above statements are true and correct.

Signature

State of _____)
County of _____)

Subscribed and sworn before me by _____, the _____ day of _____, _____.

Notary Public

My commission expires: _____.