

## MEDIA ACCREDITATION/EMBED APPLICATION

For use of this form, see STP 46-46QZ14-SM-TG; the proponent agency is TRADOC.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Chapter 5, AR 360-1.

**PRINCIPAL PURPOSE:** For the use of this form see AR 360-1; the proponent agency is the Army Public Affairs Center.

**ROUTINE USES:** To obtain information from members of the media desiring to embed or gain accreditation.

**DISCLOSURE:** Disclosure of information requested on this form is voluntary. Failure to provide the required information will result in non-acceptability of the application.

### PERSONAL DATA

1. Name ( <i>Last, First, MI</i> ):				2. Date of Birth ( <i>YYYYMMDD</i> ):		3. Agency:	
4. PIC ID#	5. Exp.Date	6. Passport #	7. Country	8. Exp. Date	9. Phone #	10. Alt. Phone #	11. Blood Type
12. Height	13. Weight	14. E-Mail			15. Alt. E-Mail		

### MEDICAL SCREENING

Are you allergic to any medications? (Check box if Yes and list)	<input type="checkbox"/>
To your knowledge, do you have any heart condition? (Check box if Yes and list)	<input type="checkbox"/>
Do you have any disabilities that prohibit you from running? (Check box if Yes and list)	<input type="checkbox"/>
Are there any other medical conditions that may be of concern during your embed? (Check box if Yes and list)	<input type="checkbox"/>

### EMERGENCY CONTACTS

First Contact:		Second Contact:	
1. Name ( <i>Last, First, MI</i> ):		1. Name ( <i>Last, First, MI</i> ):	
2. Address:		2. Address:	
3. Phone # :	4. Relationship:	3. Phone # :	4. Relationship:
5. E-Mail:		5. E-Mail:	

### SUPERVISOR/MANAGER INFORMATION

1. Name ( <i>Last, First, MI</i> ):	2. Phone # :
3. Agency (If Different):	
4. Address:	
5. E-Mail:	

### EMBED INFORMATION

1. Estimated Arrival Date:	2. Arrival Location:
3. Requested Start Date:	4. Requested End Date:

5. What geographic location(s) or unit(s) are you requesting for embed? (If multiple locations are requested, please prioritize based on importance for your story, assignment or project. Coordinate with PIC staff for requested start dates for each location).

**Location/Unit 1**

**Location/Unit 2**

**Location/Unit 3**

**Location/Unit 4**

6. Print, Broadcast, Photographer, Other (Please state):

7. Areas covered by you/your agency:

8. How many travel bags do you intend to bring? (It is recommended that you only bring what you can carry) :

9. Est. Weight:

10. I, \_\_\_\_\_, understand that I MUST bring my own body armor, Kevlar helmet and protective eyewear; these items are required to embed, and they will not be provided by any Department of Defense entity or military unit.

11. APPLICANT'S SIGNATURE

12. DATE SIGNED (YYYYMMDD)

13. Provide three (3) samples of your work (Print - .doc or .pdf: Broadcast - transcripts and digital files; Photograph - .jpg format). This is a requirement.

14. Provide a brief but detailed purpose of why you are requesting this embed, your story angle(s) and the intent of your coverage in the space below. This will serve as the story pitch to the requested unit. This is a requirement.

15. Provide a brief but detailed biography of yourself in the space below. Ensure you attach a photo of yourself prior to submitting this application.

16. Remarks: