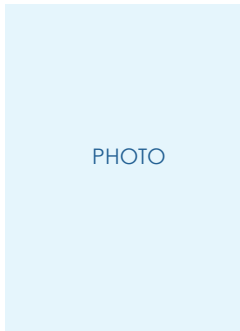




COMISSÃO da CARTEIRA PROFISSIONAL de JORNALISTA

Professional Name: []
[]
Number: [] ID Number: []
News Outlet: []



SIGNATURE (will be printed on the card)

[]

(Please sign inside the rectangle)

APPLICANT'S ID

Full Name: []
Date of birth: [] / [] / [] Nationality: [] Portuguese [] Other []
Personal identification number: [] Date of issue / expiry [] / [] / [] Place of issue []
Taxpayer number: [] Marital status: []
Education qualifications: [] Primary education [] Higher education [] Master's
[] Secondary education [] Licentiate degree: []
[] Bachelor's degree: [] Doctoral

PERSONAL ADDRESS (Residence)

Address: []
[] Postal code: [] - []
Telephone: [] Fax: []
Cellular phone: [] E-mail: []

PROFESSIONAL ADDRESS

Address: []
[] Postal code: [] - []
Telephone: [] Fax: []
Cellular phone: [] E-mail: []

PROFESSIONAL LICENSE

[] Professional Journalist License [] Foreign Correspondent ID Card
[] Intern Temporary License [] Collaborator ID Card
[] Equivalent to Journalist ID Card [] Collaborator in the Portuguese Communities ID Card

"The data gathered will be inserted in our database. It will be used by the Journalists' Professional License Committee (CCPJ) and the applicant is allowed to have access to it, as well as correcting, changing or eliminating the data. In order to do so, the applicant must contact the CCPJ. The Secretariat of the CCPJ is accountable for this form"

PROFESSIONAL SITUATION

Date of the beginning of the profession: / / Interruption from: / / to / /

Free lance

Employee (contract)

Unemployment

Press

Radio

Television

Multimedia

News agency

News outlet name: Headquarters: Delegation:

Current position/job title:

APPLICATION

Granting

Renewing

Temporary suspension - Reason:

Suspension due to incompatibility - Reason:

Replacement card - Reason:

Termination - Reason:

I WANT THE LICENSE TO

Be sent to me by registered mail: Personal address Professional address

(Additional postal fee: € 3.50 for Portugal and Europe | € 6.65 for other countries)

Be picked up by me at the CCPJ office.

PARTICIPATION IN SURVEYS

I do not authorize the CCPJ to send me messages, to my e-mail address, asking me to participate in surveys related to scientific and academic research, or of any other nature.

, / /

DECLARATION OF HONOUR

I hereby certify that I meet the conditions legally established by the Journalist's Statute to apply for the Professional Journalist License/Intern Temporary License/Equivalent to Journalist ID Card/Foreign Correspondent ID Card, and that I am not currently subject to any legal incompatibility¹ that will prevent me from pursuing the profession. I further declare that, shall I pursue any activity incompatible with the journalist profession, I will deposit my professional license in the Comissão da Carteira Profissional de Jornalista (Journalists' Professional License Committee).

I hereby certify that I am aware that I can be held accountable for making false declarations, therefore I will proceed to sign this declaration.

_____, ____ / ____ / _____

(Sign as in the personal identification document)

DECLARATION OF HONOR

I hereby declare that I will, under any circumstances and while performing journalistic activity, abide and fully respect the ethical and deontological duties of the profession².

_____, ____ / ____ / _____

(Sign as in the personal identification document)

NOTES

¹ Article 3 of the Journalist's Statute (Law 1/99 dated January 13th, amended by Law 64/2007 dated November 6th).

² Article 14 of the Journalist's Statute (Law 1/99 dated January 13th, Amended by Law 64/2007 dated November 6th).

Observations:

(For CCPJ Services only)

DECISION:

□ □ - □ □ - □ □

(For the CCPJ only)