



Ministry of Attorney General

## R. VS. ROBERT WILLIAM PICKTON TRIAL APPLICATION FOR MEDIA ACCREDITATION

This information you are providing is being requested on a voluntary basis. It will be used by Canadian authorities to determine whether or not you are eligible to obtain accreditation. The information requested is essential for making a decision concerning your accreditation, and should you refuse to respond, accreditation will not be granted.

SURNAME		GIVEN NAMES		MAIDEN NAME	
DATE OF BIRTH YR     MO     DA		PLACE OF BIRTH		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
HAIR COLOUR		EYE COLOUR	HEIGHT	WEIGHT	
HOME ADDRESS				TELEPHONE (    )	
MEDIA AGENCY NAME <span style="float: right;">STAFF <input type="checkbox"/>    FREELANCE <input type="checkbox"/> *</span>					
BUSINESS/MAILING ADDRESS					
TELEPHONE (    )		FAX (    )	E-MAIL		
CATEGORY <input type="checkbox"/> JOURNALIST <input type="checkbox"/> PHOTOGRAPHER <input type="checkbox"/> CAMERA PERSON <input type="checkbox"/> TECHNICIAN <input type="checkbox"/> OTHER (SPECIFY) _____					
TYPE OF MEDIA AGENCY <input type="checkbox"/> PRINT <input type="checkbox"/> RADIO <input type="checkbox"/> TELEVISION <input type="checkbox"/> WIRE SERVICE <input type="checkbox"/> OTHER (SPECIFY) _____					
* Freelance: Please send this form together with a letter of assignment from the editor or executive of the organization you will be representing.					

**PASSPORT (Non-resident only)**

COUNTRY	NUMBER	ISSUE DATE (YR-MO-DA) 	EXPIRY DATE (YR-MO-DA) 
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Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print)	Signature	Date

This application is approved for a security check	Signature	Date
APPLICATION APPROVED Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature	Date