

## MEDIA ACCREDITATION FORM

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Last name and first name :

Média organization:

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Function :

Journalist

Photographer

Technician

Columnist

Camera operator

Freelancer

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(Freelancer only)

Attestation attached

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Telephone :

Email :

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Mobile phone :

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News editor :

Telephone :

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Date of application :

Approved by :

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Date :

Photo attached

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**Send the completed form with your photo by email to [info@csdepj.gouv.qc.ca](mailto:info@csdepj.gouv.qc.ca)**