



Kansas First Informer ID Card Employment Verification



Employee Name: _____

County(s) of Operation: _____

Employee Title/Position: _____

Employee is: Full Time Part Time Contract

Employer Information

Company/Contractor: _____

Call Letters: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Web Address: _____

Supervisor: _____

Phone: _____ Email: _____

I certify that the above listed person is employed by the aforementioned company in the capacity of engineer or technical support. This individual has permission to act as the First Informer Broadcaster on behalf of the aforementioned company to access areas affected by an emergency for the purpose of restoring, repairing, or resupplying station facilities or equipment and repairing and maintaining transmitters and generators and transporting fuel for generators.

I further understand that all First Informer Broadcasters will be subject to the following disclaimer: "As a First Informer Broadcaster I assume the risks associated with entering an area affected by an emergency, and that no emergency first responders, including law enforcement officers, firefighters, or any government agency or its employees, shall be liable for in negligence or strict liability for any injury or harm I might experience by entering an emergency area. Nothing in this provision shall absolve any third party for any liability to me, nor shall it absolve any individual or entity from willful misconduct such as criminal activity."

Supervisor Signature: _____ **Date:** _____

Supervisor Title: _____

Return completed form to: The Kansas Association of Broadcasters, 534 S. Kansas Ave., Ste. 1105, Topeka, KS 66603. Or email it to Allison Mazzei: allison@kab.net.