



APTV Program Submission Request Form

Instructions printed on this form must be followed and submitted in full or this form may be discarded.

Name of Organization: _____

Chief Officer of Organization: _____

Name of Contact Person: _____

Phone Number of Chief Officer: _____ email: _____

Phone Number of Contact Person: _____ email: _____

Date of Request: _____

Requested broadcast start date: _____ Broadcast end date: _____

Program Title (and series number, if applicable)

Topic: (brief description)

Length of Program in minutes and seconds:

Does the Program contain any "Mature Content"
as defined in our Standards and Practices Document? No ___ or Yes ___

If yes – What is the nature of any questionable material?



I have read and agree to abide by the rules of the "APTV Standards and Procedures Document"

Signature

Date

The Program Broadcast Master will be retained by APTV for 30 days. Unclaimed media may be disposed of after 30 days. Users who would like the Program Broadcast Master returned must pick it up in person at the APTV office during regular office hours. APTV is not responsible for the loss, destruction, theft or damage of materials submitted for broadcast.

OFFICIAL USE ONLY

APTV Approval signature _____

Date: _____

Comments or changes:
