



**Newington Community Television**  
 131 Cedar Street  
 Newington, CT 06111  
 Voice: 860-667-5814 • Fax: 860-667-5819  
 http://www.nctv.org • nctv@nctv.org

## Application for Broadcast of Pre-Produced Program

Name of Applicant: \_\_\_\_\_

Name of Organization (if any): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Program Length (HH:MM:SS): \_\_\_\_\_ Format: DVD  MPEG2 file  H.264 (file on submitted disk or drive)

H.264 (file available online / via cloud service: please specify)  \_\_\_\_\_

H.264 stream (please specify URL)  \_\_\_\_\_ Other: \_\_\_\_\_

This program is (check one): One-time  Weekly Series  Monthly Series  Other \_\_\_\_\_

Preferred time slot: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

Pre-produced programs will be aired twice per week (unless the applicant requests less-frequent airing). One-time programs will air for 4 consecutive weeks. Weekly and monthly series episodes will air until the next episode is received (or until the pre-arranged first air date of the new episode). For series with less than 1 new episode per month, please contact the Programming VP to discuss options regarding maintaining a time slot. One-time programs or individual episodes may be resubmitted after six months.

Detail program content & format: \_\_\_\_\_

State the names of people who are expected to appear on the program:

\_\_\_\_\_  
 \_\_\_\_\_

List any sponsor or person who has directly or indirectly paid for or promised to pay for any aspect of the production:

\_\_\_\_\_  
 \_\_\_\_\_

Any production or telecasting privileges granted hereunder shall expire thirteen (13) weeks from date of approval. The applicant understands that the "[Regulations and Warranties for Public Access Usage](#)" notice, already signed applies to this application, as does the [Cox Communications Public Access Handbook](#). The applicant understands that he/she will only be notified if the application is denied, otherwise it is his/her responsibility to refer to the NCTV schedule for actual air dates and times.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach this form to your *labeled DVD* for the first episode to which this form applies.