



Davis Community Television

Cablecast Request Form

Show/Series Title: _____

Episode Title: _____

Producer Sponsor: _____ Phone: _____

Date of Completion: _____ Produced at DCTV? Yes No

DCTV ShowID: _____ (If Applicable) All of Episode on this DVD? Yes No

Cue Time: _____:_____ (Amount of time UNTIL start of episode, i.e. to skip color bars, title cards, etc.)
Minutes Seconds

Total Run Time: _____:_____:_____ (Length of actual show, not including Cue Time)
Hours Minutes Seconds

Description for our website/schedule: Already on file (this is a repeat airing request) or Please use series description (if already on file) or Please use the following:

Link to Show/Episode website: _____ (adds a link to your website)

Link to online video (YouTube, Vimeo, etc.): _____

Davis Media Access can add a link to your online version to the episode's website description. We can only link ONE version.

This Program Contains Sensitive or Adult Material (DCTV will schedule sensitive material after 10 pm Monday-Thursday).

This program contains time-dated material which will be outdated as of: _____

Repeating of the program:

DCTV may schedule it repeatedly at its discretion (This is the "default" option)

Please do not repeat

In signing this form I agree to the following:

1. This program does not violate the Programming Guidelines found in Davis Media Access' Rules and Policies.
2. This program conforms to technical guidelines. **Specifically:** No control track errors (glitches), program length is accurate, no color bars, and program does not contain more than 5 seconds of black at the start or end of the program.
3. I am a resident of, volunteer in, or am employed in, Davis.
4. If I am a sponsor, I have signed a Sponsor's Statement of Compliance. If I am a volunteer producer, I have signed a Volunteer Producer's Statement of Compliance.

Signature: _____ Date: _____