



Newington Community Television  
200 Garfield Street, Suite 112  
Newington, CT 06111  
Voicemail: 860-667-5814 Email: [nctv@nctv.org](mailto:nctv@nctv.org)  
<http://www.nctv.org>

### ***Application for Broadcast of Submitted Pre-Produced Program***

1. Name of Applicant: \_\_\_\_\_
2. Name of Organization (if any): \_\_\_\_\_ Title: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
5. Title of Program: \_\_\_\_\_
6. Producer: \_\_\_\_\_
7. Address/Phone Number: \_\_\_\_\_
8. Program Length: \_\_\_\_\_ Format: DVD ☐ MPEG2 file ☐ Other: \_\_\_\_\_
9. This program is (check one):  
One-time ☐ Weekly Series ☐ Monthly Series ☐ Other \_\_\_\_\_
10. 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.

11. Detail program content & format: \_\_\_\_\_  
\_\_\_\_\_
12. State the names of people who are expected to appear on the program:  
\_\_\_\_\_  
\_\_\_\_\_
13. 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.

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

Print Name: \_\_\_\_\_