

**Los Angeles Cable Television Access Corporation (LACTAC or LA36)
Playback Application For Public Access Programming**

Submit this request with your DVD (s) and a signed Compliance Agreement. If your program is selected LA36 will contact you by email giving you the dates and times that your program is scheduled.

Personal Information (Please print legibly)

Name and address of any person requesting time on the access channels are open to public inspection.

First Name: _____ Last Name: _____

Residence Address _____ Apt. _____

(No P.O. boxes – you will be required to provide address verification – copy of picture ID and proof of residency)

City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone: _____

E-mail (we will contact you by email with results of the committee) _____

Are you eighteen years of age or older? ___ yes ___ no

(If under 18, a parent/guardian is required to sign the Program Agreement)

Program Info:

Program Title _____

Program Description/Narrative _____

Program Length: ___ Half hour (should be no longer than 28 min.)

___ One-hour (should be no longer than 58 min.)

___ Longer than an hour (subject to availability.)

*Runtime does not include the required minute of pre-roll before the program or minute of end roll after program.

Number of episodes (DVDs) being submitted _____

This program is produced by: ___ me ___ another individual or organization

(please provide name & address of program's producer)

Does this program require a disclaimer for adult, violent, or medically graphic programming? ___ no ___ yes

(please refer to the current Program Policies).

Public Information- (should viewers ask to contact you this information will be released to the public –include email, address and/or phone #) _____

Please answer all questions:

Does this program contain fifty percent or more of material produced by someone other than you (i.e. music videos, film/TV clips, archive material)? ___ yes ___ no

Do you currently have another program scheduled on LA36?

___ yes ___ no If yes, what program? _____

Is this program currently cablecast in whole or in part on another channel in Los Angeles?

___ yes ___ no If yes, what channel? _____

Have you had another program scheduled within the last twelve months on LA36?

___ yes ___ no If yes, what program? _____

Is the program host regularly seen on another program on LA36?

___ yes ___ no If yes, what program? _____

Has the program host regularly hosted another program scheduled on LA36 within the last twelve months?

___ yes ___ no If yes, what program? _____

Program Categories:

Topic (what you are talking about.)

Circle ONE TOPIC

- AIDS Issues
- Animals/Pets
- Arts
- Books/Poetry
- Comics/Animation
- Community Affairs
- Cooking/Food
- Cultural Issues
- Education
- Environmental
- Erotica
- Fashion
- Financial/Business
- Film
- Gender/Sexuality
- Health
- Hip Hop
- History
- Housing
- Legal Issues
- Music
- New Age
- Political Advocacy
- Public Affairs
- Psychic
- Religion
- Self Help
- Sports/Outdoors
- Women's Issues
- Youth
- Spirituality
- Other _____

Format is not what the show is about, but how most of the show is organized

Circle ONE FORMAT

- Animation
- Cooking
- Documentary
- Drama
- Experimental
- Fix it/How to
- Music Videos
- News/Magazine
- Performance
- Sitcom
- Sketch Comedy
- Talk Show
- Variety
- Entertainment
- Other _____

Language What is the PRIMARY language spoken on the show?

Programs submitted in any language other English must be submitted with written translation.

Circle ONE LANGUAGE

- Am. Sign Language
- Arabic
- Chinese
- English
- French
- Greek
- Haitian Kreole
- Hebrew
- Hindi
- Hungarian
- Italian
- Japanese
- Korean
- Multilingual
- Patois
- Portuguese
- Russian
- Spanish
- Slavic
- Turkish
- Other _____

Audience (whom you are addressing) Is your program of interest to a particular population?

Circle ONE AUDIENCE

- Adult Only
- African/African-Am.
- Asian/Asian-American
- Children
- Christian
- Differently-abled
- European/Euro-Am.
- Gay/Lesbian
- General/Not Applicable
- Indigenous American
- Judaism
- Latin/Latin-American
- Men
- Middle Eastern/Arab
- Muslim
- Los Angeles
- Seniors
- South Asian
- Women
- Youth
- Other _____

Signature (Required) _____ Date _____

BEFORE SUBMITTING AN APPLICATION FOR PROGRAMMING OF ANY TYPE,
PLEASE READ THROUGH THE LA36 PROGRAM GUIDELINES THOROUGHLY.

This application will not be processed if:

- You did not sign this request form
- You did not fill this request form out completely
- You did not submit a program DVD with this request
- You did not sign the LA36 Compliance & submit it with this form
- You did not submit a copy of a photo ID and proof of residency