Local TV Show License Request Form

| Organization Name |
|------------------------------|
| |
| Contact Person |
| |
| Engli Address |
| Email Address |
| |
| Phone Number |
| |
| TV Show Title |
| |
| Number of Episodes Requested |
| Trained of Epissass Haquesta |
| |
| Proposed Broadcast Date(s) |
| |
| Broadcast Channel/Platform |
| |
| License Period (Start - End) |
| |
| Additional Information |
| Additional information |
| |
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