



WAITING LIST APPLICATION

Queens Public Television

PROGRAM SERIES TITLE (29 characters or less)	
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PROGRAM DESCRIPTION (29 characters or less)	
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Does this program contain Strong Sexual Content and/or Adult Language?	YES _____ NO _____
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PROGRAM LENGTH	28:30 _____ 58:30 _____	LANGUAGE (e.g., English, Spanish, etc.)	
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MY PROGRAM FORMAT IS A:	Weekly Series _____ Monthly Series* _____
	*If Monthly Series, choose week of cablecast ____1 ____2 ____3 ____4

QUEENS RESIDENT'S NAME (Please Print)	<i>First</i>	<i>MI</i>	<i>Last</i>
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MAILING ADDRESS	<i>Address</i>	<i>Apt./Suite</i>
	<i>City</i>	<i>Zip Code</i>

TELEPHONE	<i>Day</i>	<i>Night</i>	<i>Fax</i>
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EMAIL ADDRESS	
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QUEENS RESIDENT'S SIGNATURE	X	DATE	
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IMPORTANT NOTICE

In accordance with the rules and regulations of the New York State Public Service Commission, Queens Public Television is required to maintain accurate records of all Channel Users, including QPTV Producers, Providers, Sponsors and Not-for-Profit Organizations. Therefore, all Channel Users must verify that they are a legal bona-fide Queens resident or not-for-profit organization with a legal bona-fide Queens mailing address.

The following combinations of proof are acceptable:

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| 1. New York State Driver's license and two current utility bills (within the last six months.) | 4. A City, State, Federal or Employee Photo ID and two current utility bills (within the last six months.) |
| 2. New York State Photo I.D. (a.k.a. "non driver's license") and two current utility bills (within the last six months.) | 5. Current College or High School ID with two proofs of address (must be 18 years of age or older). |
| 3. A United States or foreign issued Passport and two current utility bills (within the last six months.) | 6. Copy of 501(c) 3 (Not-For-Profit organizations only.) |

FOR OFFICIAL QPTV USE ONLY

Reason	
Program Placement	
Start Date	
End Date	