

FAIRFAX PUBLIC ACCESS



RADIO PROGRAM RENEWAL FORM

SECTION ONE: BACKGROUND

Program Title

Producer Name

Producer's Address of Legal Residency (No P.O. Box numbers)

City/State/Zip

Phone

Email

SECTION TWO: PROGRAM INFORMATION

SECTION THREE: PRODUCER AGREEMENT

Broadcast Station (**one only**):

____ Radio Fairfax ____ WRLD Radio

Proposed length of program: _____

Number of programs you expect to produce
during the next six months? _____

Show Website: _____

Show Email: _____

___ This program complies with all content and technical specifications in the FPA Operations Policies and Procedures Manual.

___ I understand that non-compliance with the FPA Operations Policies and Procedures Manual could result in disciplinary action, fiscal penalties, and/or suspension.

___ I have read, understand and agree to the Terms and Condition in the original proposal form.

SECTION FOUR: PRODUCER DECLARATION

By signing below I certify that all statements made on this form are true and accurate.

Producer Signature

Date

SECTION FIVE: MANAGEMENT APPROVAL

Programming Director

Date

Executive Director

Date