



# LAUNCH AUTHORIZATION FORM

Questions about this form can be answered by calling the C-SPAN3 Authorization Hotline (202) 626-4367 or fax (202) 626-7991

System Name	MSO/Cable Company Owner
System Mailing Address	City/State/Zip
C-SPAN? Channel # __	C-SPAN2? Channel # __
Phone Number	Fax Number
General Manager	Title
Marketing Contact	Title
Engineer	Title Phone (If Different)
Contract Under	City/State/Zip
Area Served	

**FILL OUT THE LINES BELOW FOR ONE EARTH STATION RECEIVE SITE (each additional site requires a separate form)**

Street Address (Headend Location)	
City/State/Zip	County
Unit Address - - IRT / IRD (circle one)	Serial Number - -
<b>If IRT Please Provide ACP#3 Unit Address</b>	ACP #3 Unit Address - -
Basic Headend Subs	C-SPAN3 Subs
Launch Date	<input type="checkbox"/> SMATV <input type="checkbox"/> MMDS <input type="checkbox"/> Cable C3 Channel #
C3 via direct feed <input type="checkbox"/> Yes <input type="checkbox"/> No	C3 via "Bristol Pod" <input type="checkbox"/> Yes <input type="checkbox"/> No

System Signature

**SECTION BELOW TO BE COMPLETED BY ACCOUNT REPRESENTATIVE**

Account Rep	Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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**FOR INTERNAL USE ONLY**

IRD/IRT shipped?  Yes  No (if yes When)

Report Date