



647 Fulton Street, 2<sup>nd</sup> Floor  
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www.briconline.org/bcat

**NOTE TO BCAT MEDIA CENTER STAFF:**  
Please verify that the person signed below is the producer of the stated program and is therefore authorized to make changes for this program.

Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_

# RENEWAL APPLICATION

**APPLICANT INFORMATION** *(If address and/or name of applicant changes in the future, please bring a completed CHANGE OF INFORMATION form, valid photo ID and current utility bill to Tape Drop Off.):*

NAME: \_\_\_\_\_

ORGANIZATION (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BROOKLYN, NY ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME AND ADDRESS OF CO-APPLICANT (if applicable): \_\_\_\_\_

## CURRENT SHOW INFORMATION:

TITLE: \_\_\_\_\_

DAY OF WEEK: \_\_\_\_\_

TIME: \_\_\_\_\_

CHANNELS: (circle one)

34/67/82/42

35/68/83/43

56/69/84/44

**If you are requesting a Time Slot Change, please fill out the CHANGE OF INFORMATION FORM and submit it to Tape Drop Off.**

Is the contact information you supplied on this form available for the BCAT Media Center to provide to the public? (Circle one)

YES NO

Are you a BCAT Media Center Certified Producer?

YES NO

Is your co-applicant a BCAT Media Center Certified Producer?

YES NO

Did you produce/ create this show?

YES NO

Does this program contain adult language, mature themes, sexual content and/or violence?  
*(If you circle 'yes', BCAT TV Network reserves the right to cablecast this program only after midnight.)*

YES NO

I/we agree, as condition of the cablecast, to indemnify and hold harmless Time Warner City Cable Group, Brooklyn/Queens Division and Cablevision of NYC, BCAT TV Network and BRIC Arts | Media | Bklyn, or their respective Directors, Officers, Employees and Agents from all loss, liability and damage, including attorney costs, arising out of or caused by the cablecast of my-our program, including, but not limited to, libel, slander, indecency, obscenity, invasion of privacy or public rights, unauthorized use of copyright material or non-compliance with, or in violation of any applicable local, state or federal laws, rules or regulations. I understand that information provided on this form is a matter of public record pursuant to State Cable Regulation 9 NYCRR 59 Sec. 595.4(c)(10).

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/ GUARDIAN (for minors only): \_\_\_\_\_