



ACQUISITIONS FORM

PROGRAM INFORMATION

DATE: _____

Program Title: _____

Year Produced: _____

Date of broadcast availability: _____

Format: One-off or Series: # of episodes: _____

Length(s): _____

Language of Program: _____

- Is this the original language of title?: Yes No
- Other language version(s) available: _____
If yes, does the program contain subtitles: Yes No

Genre: _____

Country of Origin: _____

If Canadian Content, please specify:

CRTC Certification #: _____

CAVCO Certification #: _____

All Canadian submissions over 5:00 minutes in length require CRTC or CAVCO Certification

CRTC Category: _____

Does this program have Errors and Omissions ('E&O') Insurance?

Yes No (if no E&O, Licensor will be asked to provide a personal guarantee signed by all shareholders.)

If yes, expiry date of insurance policy: _____

If no, did the title ever have E&O coverage? _____

Other: type of insurance: _____



Target Audience:

- Children (2-11 years)
- Youth (12-17 years)
- General Audience
- Specific Identifiable Group: _____
- Other: _____

Rating/Warnings:

| | |
|---|---|
| <u>Indicate Program Classification:</u> | |
| <input type="checkbox"/> C Suitable for children 2-7. | <input type="checkbox"/> PG Suitable for a general audience, at the parents' discretion for younger children. |
| <input type="checkbox"/> C8+ Suitable for children 8 and older. | <input type="checkbox"/> 14+ Suitable for audiences 14 and older. |
| <input type="checkbox"/> G Suitable for a general audience. | <input type="checkbox"/> 18+ Suitable for audiences 18 and older. |

Disclaimers:

| | |
|--|---|
| <input type="checkbox"/> Nudity | <input type="checkbox"/> Profanity or Obscene Gestures |
| <input type="checkbox"/> Sexual Situations | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Other: (i.e. suicide or explicit hunting scenes) |

- **TECHNICAL**
-
- See APTN Technical Program Delivery Standards: [APTN Forms and Production Tools](#)

Is the program available in HD? Yes No

o Make and model of camera: _____

If your show does not meet our length requirements, are you willing to edit? Yes No

Delivery format: _____

Master tape: Yes No

File based - format: _____



Is the program closed captioned for the hearing impaired? Yes No

All programs must be closed captioned per our CRTC Condition of Licence

- Is the closed captioning file available as a separate file in .scc or .cap format?
 Yes No

Is script available? Yes No

Is the program Video Described for the visually impaired? Yes No

- Is the DV audio file available as a separate file? Yes No

BROADCAST HISTORY

Date(s): _____

Network(s): _____
A letter of broadcast confirmation may be required.

SVOD: _____

Premiere

Please specify if: **Worldwide** or **Canadian**

Festivals:

Awards:-

DESCRIPTION OF PROGRAM/SERIES

Synopsis:

Name of Producer: _____

Name of Director: _____

Name of Writer: _____



Please indicate which of the following identifies as Indigenous:

- Actor(s):
- Producer:
- Director:
- Writer:
- Other:
- Storyline:
- Production/Distribution Company

CONTACT INFORMATION

Company:-

Address:-

Contact:

Phone:

Email:

Website:

Screening link:

- Screener Included Description Included

Other: _____

| | | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|--|
| For internal use only | | | | | |
| <input type="checkbox"/> SD | <input type="checkbox"/> P | <input type="checkbox"/> CC | | | |
| <input type="checkbox"/> HD | <input type="checkbox"/> E&O | <input type="checkbox"/> DV | <input type="checkbox"/> ACK | <input type="checkbox"/> DEC | |