



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

- o 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

- o 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:-**

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**Address:-**

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**Contact:**

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**Phone:**

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**Email:**

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**Website:**

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**Screening link:**

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- Screener Included  Description Included

**Other:** \_\_\_\_\_

<b>For internal use only</b>					
<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	