

PUBLIC MEDIA GROUP OF SOUTHERN CALIFORNIA

PERMISSIONS REQUEST FORM

PLEASE COMPLETE AND RETURN TO SENDER VIA EMAIL AND CC: [permissions@kcet.org](mailto:permissions@kcet.org)

**TYPE OF REQUEST**

FOOTAGE/ CLIP LICENSE:	
SCREENING REQUEST:	
PURCHASE DVD:	
OTHER:	
<i>(Please provide details of your request)</i>	

**LICENSEE INFORMATION**

LICENSEE/COMPANY NAME:					
ADDRESS:					
CONTACT NAME / TITLE:					
CONTACT PHONE / EMAIL					
ARE YOU A MEMBER OF KCET?	YES		NO		
DO YOU HAVE A BUDGET FOR REQUESTED CLIP LICENSE/ITEM?				\$	
	<i>(NO)</i>	<i>(YES)</i>		<i>(How much \$)</i>	

**PROJECT INFORMATION**

PROJECT TITLE:		RELEASE DATE:	
PROJECT TYPE			
<i>(Movie, TV Show, Documentary, Book, etc.)</i>			
INTENDED USE OF FOOTAGE: <i>(Please provide a detailed description of how the footage will be used)</i>			

## FOOTAGE / CLIP LICENSE INFORMATION

**KCET/LINK TV OR PBS SOCAL PROGRAM TITLE AND ORIGINAL BROADCAST DATE:** *(If known)*

**SOURCE OF FOOTAGE:** *(Please let us know where you found the footage and provide us with a link if possible)*

**LOCATION OF FOOTAGE:** *(Please provide in and out timecodes of footage from source)*

<b>IN:</b>	<b>OUT:</b>	<b>TOTAL:</b>	<b>IN:</b>	<b>OUT:</b>	<b>TOTAL:</b>
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<b>IN:</b>	<b>OUT:</b>	<b>TOTAL:</b>	<b>IN:</b>	<b>OUT:</b>	<b>TOTAL:</b>
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**TOTAL LENGTH OF REQUESTED FOOTAGE :**

*(Please note there is a 30 second minimum)*

## RIGHTS REQUESTED

<b>MEDIA</b>	
	<i>(i.e. All Media Film, TV, Internet, App, etc.)</i>
<b>LICENSE TERM</b>	
	<i>(i.e. Ten years, perpetuity, etc. Include start date if known)</i>
<b>TERRITORY</b>	
	<i>(i.e. Worldwide, US Only, etc.)</i>

## SCREENING REQUEST / MATERIALS LICENSE

<b>TITLE OF PROGRAM/ DVD:</b>	
<b>INTENDED USE OF DVD</b>	
<b>SCREENING EVENT INFORMATION:</b> <i>(Please provide details of screening: i.e. when, where and purpose)</i>	
<b>WHEN:</b>	
<b>WHERE:</b>	
<b>PURPOSE:</b>	
<b>OTHER:</b> <i>(Please provide as much information as possible):</i>	

***THANK YOU FOR YOUR INTEREST!!!***

**PUBLIC MEDIA GROUP OF SOUTHERN CALIFORNIA** Permissions Department  
Please complete and return by email to sender and cc: [permissions@pmgsocal.org](mailto:permissions@pmgsocal.org)