

PUBLIC MEDIA GROUP OF SOUTHERN CALIFORNIA



PERMISSIONS REQUEST FORM

PLEASE COMPLETE AND RETURN TO SENDER VIA EMAIL AND CC: 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)*

IN:	OUT:	TOTAL:	IN:	OUT:	TOTAL:
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IN:	OUT:	TOTAL:	IN:	OUT:	TOTAL:
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TOTAL LENGTH OF REQUESTED FOOTAGE :

(Please note there is a 30 second minimum)

RIGHTS REQUESTED

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

SCREENING REQUEST / MATERIALS LICENSE

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