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LOCALIZED SPOT REQUEST				DATE OF REPORT	
GRADE/NAME (First, Last) (Example SSgt John Doe)			GENDER <input type="checkbox"/> M <input type="checkbox"/> F		(AREA CODE) PHONE - NUMBER
STREET ADDRESS				SHOULD WE INCLUDE AREA CODE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY, STATE, ZIP CODE				SHOULD WE SAY CALL COLLECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
RADIO SPOTS	LENGTH	FORMAT (Rock, Country, etc.)	CALL LETTERS (WXYZ, KLMN, etc.) AM or FM	SLOGAN (<i>"Today's Hottest Hits!"</i>)	
	<input type="checkbox"/> :30 <input type="checkbox"/> :60				
	<input type="checkbox"/> :30 <input type="checkbox"/> :60				
	<input type="checkbox"/> :30 <input type="checkbox"/> :60				
	<input type="checkbox"/> :30 <input type="checkbox"/> :60				
	<input type="checkbox"/> :30 <input type="checkbox"/> :60				
	<input type="checkbox"/> :30 <input type="checkbox"/> :60				
TELEVISION SPOTS	LENGTH	VIDEOTAP E		NAME OF STATION/CABLE/ETC (WXYZ Channel 12, Paragon Cable, etc.)	
	<input type="checkbox"/> :30 <input type="checkbox"/> :60	<input type="checkbox"/> Beta	<input type="checkbox"/> 3/4 Umatic	<input type="checkbox"/> VHS	
	<input type="checkbox"/> :30 <input type="checkbox"/> :60	<input type="checkbox"/> Beta	<input type="checkbox"/> 3/4 Umatic	<input type="checkbox"/> VHS	
	<input type="checkbox"/> :30 <input type="checkbox"/> :60	<input type="checkbox"/> Beta	<input type="checkbox"/> 3/4 Umatic	<input type="checkbox"/> VHS	
	<input type="checkbox"/> :30 <input type="checkbox"/> :60	<input type="checkbox"/> Beta	<input type="checkbox"/> 3/4 Umatic	<input type="checkbox"/> VHS	
	<input type="checkbox"/> :30 <input type="checkbox"/> :60	<input type="checkbox"/> Beta	<input type="checkbox"/> 3/4 Umatic	<input type="checkbox"/> VHS	
PRONUNCIATION TIPS (Tell us how to pronounce your name, street, and/or city)					
IS THIS A PAID ADVERTISEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CONTACT AFRS/RMCB BEFORE FAXING.					
REMARKS					
FOR HQ AFRS USE ONLY					
RADIO PSAs	DATE MAILED	TELEVISION PSAs	DATE MAILED	PRODUCER INITIALS	