



Video Programming Distributors (VPD) Data Entry

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NEW VPD RECORD ENTRY

denotes required field.

VPD INFORMATION

Type: Broadcaster
VPD Name: AMARILLO JUNIOR COLLEGE DISTRICT
Call Sign: KACV-TV

IMMEDIATE CONTACT INFORMATION

Phone: Ext: (format: xxx-xxx-xxxx) Telephone number for purposes of receiving and re concerns.

Fax: (format: xxx-xxx-xxxx) Fax number for purposes of receiving and respond concerns.

Email: Email address for purposes of receiving and respo concerns.

WRITTEN COMPLAINT CONTACT INFORMATION

Name: Name of person with primary responsibility for capt rules.

Title: Title of person or office with primary responsibility f compliance with rules.

Address 1: Postal mailing address of person or office with prim ensure compliance with the rules.

Address 2: **City:**

State: **Zip Code:**

Phone: Ext: (format: xxx-xxx-xxxx) Telephone number of person or office with primary ensure compliance with the rules.

Fax: (format: xxx-xxx-xxxx) Fax number of person or office with primary respor compliance with the rules.

Email: E-mail address of person with primary responsibilit compliance with the rules.

SUBMITTER INFORMATION

By submitting this, I certify that the information provided herein is valid and is provided pursuant to section 79.1(i) of the Commission's rules.

Submitter's Name:

Submitter's Title:

Submitter's Email:

(Confirmation emails are sent to Submitter's email address)

DEV

SUBMIT