



315 Sand Island Access Road, Honolulu, HI 96819  
Independent Program Submission Form

**This application is a request for PBS Hawai'i to consider your project for broadcast and does not guarantee broadcast. Submissions can be done by mail or email:**

**\*BY MAIL:** Please mail this completed form with a clearly labeled DVD or Blu-Ray copy of your program.

**\*BY EMAIL:** Please email this completed form with a link to your project (such as a password-protected Vimeo link) to [films@pbshawaii.org](mailto:films@pbshawaii.org).

**Program & Contact Information**

Submission Date: \_\_\_\_\_

Program Title: \_\_\_\_\_  
\_\_\_\_\_

Link to Film (If Available): \_\_\_\_\_

Name(s) of Key Personnel:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Contact Info  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Company Name & Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Contact Info  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Copyright Owner: \_\_\_\_\_

Brief Synopsis of Program:

Explain why you feel your program would be an excellent fit for PBS Hawai'i to air.

Program Total Run Time:

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Date Production Started:

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Closed-Captioned (Yes or No):

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Format of Program Master:

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Please identify all sources of funding:

Has the program aired or screened elsewhere? If so, where and when?

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If necessary, are you willing to re-edit your program to meet PBS Hawai'i standards?

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*If your program is accepted for broadcast on PBS Hawai'i, your film will be eligible for unlimited airings within a three-year window.*

**Clearances:**

Has the information in this program been verified and ensured for accuracy?

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Have you obtained all necessary releases, permits & clearances for the program? Please see below for a checklist. Mark "N/A" if not applicable.

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Music rights

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Music cue sheet

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Location release

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Materials release

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Talent release

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**Insurance:**

Do you have E&O insurance?

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Carrier Name:

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Policy #:

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*If your program is accepted for broadcast on PBS Hawai'i, you will be required to provide proof of insurance.*