

Affiliate Launch & Authorization/Deauthorization Form

Launch City & State: _____
 MSO: _____
 Launch Date: _____
 Request Date: _____
(Internal Use Only)

INSP



INSP HD



Please Choose One
 (One form per network, please)

SYSTEM INFORMATION

System Address: _____	Main Telephone #: _____
System City/State/Zip: _____	Main Fax #: _____
General Manager: _____	General Manager Telephone #: _____
GM Email: _____	GM Fax #: _____
Marketing Manager: _____	Marketing Mgr Telephone #: _____
MM Email: _____	MM Fax #: _____

Contract Info

MSO
 NCTC

NRTC
 Other

NTTC

Communities Served

(Attach additional sheet if necessary.)

Subscriber Details

Channel #: _____
 Tier Level: _____
 Basic Subscribers: _____
 Digital Subscribers: _____

AUTHORIZATION-DEAUTHORIZATION DETAILS (Include all that apply)

Headend Name: _____	Headend Contact: _____
Headend Address: _____	Headend Phone: _____
City/ST/Zip: _____	Headend Email: _____
Network: _____	De/Auth Engineer: _____
Receiver Model: _____	Completion Date: _____
UA #: _____	
ACP #: _____	Notes: <div style="border: 1px solid black; width: 150px; height: 80px; display: inline-block; vertical-align: top;"></div>

Authorization

Deauthorization

Complete By: _____

Please email this form to pthang@insp.com - Thanks!

Affiliate Verification: _____

Title: _____

Today's Date: _____