



2016 Cable PEG Channel Certification Form TR-PEG North Carolina Department of Revenue

If you have questions regarding this form, please call (919) 814-1144 or (919) 814-1136

Instructions: Under G.S. 105-164.44J(b), counties and municipalities that have qualifying Public, Educational, or Governmental access (PEG) channels, which were provided for their use during fiscal year 2015-2016 by a cable service provider under either G.S. 66-357 or an existing agreement, must certify the number of such channels by July 15, 2016. In order to be a qualifying PEG channel, the channel must meet all qualifying criteria listed below on the form. **Jurisdictions without qualifying PEG channels are not required to submit this form.**

The certification must include the name of the PEG channel operator for each channel and the signature of an authorized official of the operator. A PEG channel operator is the entity that 1) produces programming for delivery on the PEG channel, or 2) provides facilities for the production of programming or playback of programming for delivery on the PEG channel. **A PEG channel operator may be included on the certification of only one government for each type of PEG channel that it operates.** If a channel has more than one PEG channel operator, please list all operators using a blank line below the line for the first listed operator.

Do not include UNC-TV or other public broadcasting channels in the list of PEG channels.

County _____ or Municipality _____

					<u>Qualifying Criteria based on the 2015-2016 fiscal year</u>				
Channel Name	Channel Number	Type (P, E, or G) Select only one	PEG Channel Operator	PEG Channel Operator Authorized Signature	Is the channel provided to your government through a local or state franchise agreement? (Y/N)	Did the channel operate for at least 90 days? (Y/N)	Did the channel provide at least 8 hours of scheduled programming a day? (Y/N)	Did the channel provide at least 6 hours and 45 minutes of scheduled non-character-generated programming a day? (Y/N)	Did the channel repeat less than 15% of the content of another PEG channel provided to your government? (Y/N)

I certify that, to the best of my knowledge, this report is accurate and complete.

Signature of Certifying Official _____ Printed Name _____

Title _____ Date _____

Person to contact for additional information _____ Title _____

Telephone _____ FAX _____ E-mail _____

Mail, FAX or E-mail by JULY 15, 2016 to: North Carolina Department of Revenue, Local Government Division, PO Box 871, Raleigh, NC 27602-0871
 FAX (919) 715-3107 or E-mail: localgovt_informationunit@dornc.com.
DO NOT SUBMIT BY MORE THAN ONE METHOD