

**CANADA AUTHORIZATION FORM – PAGE 1****1. Launch Date:****Test Date:****2. New System:****System Type:**  
(check all that apply)

CATV

Wireless

SMATV

Internet

OTT

FTTx

Leased Access

Telco

DBS

Other (please specify)

**3. Distributor Name:****Business Name:****Address:****City:****Province:****Phone:****Postal Code:****Fax:****4. System Manager:****Phone:****Email:****5. Headend Address:****City:****Province:****Phone:****Website:****Postal Code:****Fax:****6. Headend****Manager: Phone:****Email:****NOC 24x7 phone:****NOC 24x7 email:****7. Encoding/Format Type:****Set Top Box Manufacturer/Model:****Integrated Scrambling Technology:****Are you providing any WBD Networks to other systems? Are****you receiving any WBD Networks from other systems?****8. All Communities/Counties Served:** (Attach additional pages if necessary)*(Continued on page 2...)*

# CANADA AUTHORIZATION FORM – PAGE 2

9.

	Feed	Output	Service Provided By	Receiver Model No.	Harmonic XOS Serial Number	Carriage Level	Total Subs	Service Subs	Ad Insertion
CNN	NAT'L	SD MPEG2 HD MPEG4							
CNNI	NAT'L	SD MPEG2 HD MPEG4							
HLN	NAT'L	SD MPEG2 HD MPEG4							
TCM	NAT'L	SD MPEG2 HD MPEG4							
WPCH	NAT'L	SD MPEG2 HD MPEG4							

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**Affiliates are required to install a Harmonic XOS Edge receiver. This receiver requires licenses to be purchased per service; requested directly through Harmonic.**

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**10. Distributor Name:**  
**Business Name:**  
**Submitted by:**  
**Phone:**  
**Email:**  
**Date:**

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