

## 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:

State:

Phone:

Zip:

Fax:

4.

System Manager:

Phone:

Email:

5. Headend Address:

City:

State:

Phone:

Website:

Zip:

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...)

# 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
Cartoon Network		SD MPEG2 HD MPEG4							
CNN	NAT'L	SD MPEG2 HD MPEG4							
HLN	NAT'L	SD MPEG2 HD MPEG4							
TBS		SD MPEG2 HD MPEG4							
TCM	NAT'L	SD MPEG2 HD MPEG4							
TNT		SD MPEG2 HD MPEG4							
truTV		SD MPEG2 HD MPEG4							
Boomerang	NAT'L	SD MPEG2 HD MPEG4							
CNNE	NAT'L	SD MPEG2 HD MPEG4							
CNNI	NAT'L	SD MPEG2 HD MPEG4							

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

**\*\*The below Warner Bros. Discovery feeds are required to be associated to the specific Time Zones below.**

	Cartoon & TruTV	TBS & TNT
<b>Eastern</b>	East Feed	East Feed
<b>Central</b>	East Feed	East Feed
<b>Mountain</b>	West Feed	East Feed
<b>Pacific/Alaska/Hawaii</b>	West Feed	West Feed

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