OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC AFFAIRS AUDIOVISUAL CLEARANCE REQUEST

SEE THE BACK OF THIS FORM FOR INSTRUCTIONS

PR	OJECT ID NO.		CSD REC'D			
1.	TITLE/SUBJECT					
2.	OP/DIV	AGENCY	PROGRAM OFFICE			
	CONTACT PERSON		TELEPHONE			
	ADMINISTRATIVE CODE					
3.	TYPE OF PRODUCT					
4.	A. CATEGORY OF PRODUCT					
	B. TECHNICAL SPECIFICATIONS (Check applicable)					
	☐ SOUND ☐ COL	OR	☐ MUSIC ORIGINAL☐ MUSIC CANNED☐ STOCK FOOTAGE (Off shelf)			
	FOR EXHIBITS ONLY:					
	☐ TYPE ONLY ☐ AUDIO COMPONENT	☐ ART/PHOTO DISPLAY AND ☐ VIDEO COMPONENT	TYPE			
	C. METHOD OF PRODUCTION (Che	eck):				
	 □ WHOLLY IN-HOUSE □ MODIFIED IN-HOUSE □ WHOLLY UNDER CONTRACT □ MODIFIED IN-HOUSE (If this is checked, please specify what is to be produced under contract and what is to be developed internally) 					
	D. ESTIMATED LIFE OF PRODUCT					
5.	PURPOSE AND JUSTIFICATION					
6. _	INTENDED AUDIENCES					
7.		□ NO LANGUAGE				
8.	METHOD(S) OF DISTRIBUTION					
9.	NUMBER OF COPIES	PRINTS				
10.		☐ YES ☐ NO (If yes, attach c	completed NAC 202)			
11.	METHOD(S) OF EVALUATION					
12.	SCHEDULE:					
	DEVELOPMENT FROM PRODUCTION FROM DISTRIBUTION FROM PROMOTION FROM	нс то то				

12	PRODUCTION COST ESTIMATES:				
13.	TRODUCTION COOT ESTIMATES.				
			IN-HOUSE	PROCURED	
	A. RESEARCH & WRITING				
	B. PRODUCTION	-			
	C. RELEASE PRINTS	•			
	D. DISTRIBUTION				
	E. PROMOTION	-			
	F. OTHER (Specify)				
	TOTAL				
		-			
	GRAND TOTAL				
	SOURCE OF FUNDS				
					
	CONTRACTED PROCUREMENT:	☐ YES	i NO (If yes, atta	ch approved Form 524)	
14.	APPROVALS:				
	TITLE		SIGNATURE	DATE	[
	TITLE		SIGNATURE	DATE	
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