



MCPS BR3 – Notification of Authorised Producer Form



Radio Station to be covered by this licence:

NO	YES

Will advertisements be shared with other Radio Stations?
(Please tick):

Licensee Details	Is the Radio Station under this agreement using any Authorised Producers to record music into the commercials? Please Tick		Producer Details (if yes)
Company Name:			NO
Address:			Producer 2:
Contact for Reporting:			Producer 3:
Contact Number:			Producer 4:
Email:			
			Please see page 2 for more details

In-House Production (if no)	
Contact for Reporting:	
Address (if different from above):	
Contact Number:	
Contact Fax:	Email:

Declaration - By signing this notification form you are confirming that the information contained in this document is accurate to the best of your knowledge.	
Signed:	_____
Please print name:	_____
Job position:	_____



BR3 - Notification of Authorised Producer Form

Authorised Producer 1	
Company Name:	Contact Name:
Address:	Contact Number:
Email Address:	Contact Fax:

Authorised Producer 2	
Company Name:	Contact Name:
Address:	Contact Number:
Email Address:	Contact Fax:

Authorised Producer 3	
Company Name:	Contact Name:
Address:	Contact Number:
Email Address:	Contact Fax:

Authorised Producer 4	
Company Name:	Contact Name:
Address:	Contact Number:
Email Address:	Contact Fax: