



# Video Programming Distributors (VPD) Data Entry 0014424048, Logout

VPDs | New VPD

## I. NEW VPD RECORD ENTRY

denotes required field.

### VPD INFORMATION

Type:

Broadcaster

VPD Name:

### IMMEDIATE CONTACT INFORMATION

Phone:

304-523-1313 option 0  
( format: xxx-xxx-xxxx )

Telephone number for purposes of receiving and responding immediately to any closed captioning concerns.

Fax:

304-529-4910  
( format: xxx-xxx-xxxx )

Fax number for purposes of receiving and responding immediately to any closed captioning concerns.

Email:

bgalloway@wvmb.com

Email address for purposes of receiving and responding immediately to any closed captioning concerns.

### WRITTEN COMPLAINT CONTACT INFORMATION

Name:

Bill Galloway

Name of person with primary responsibility for captioning issues who can ensure compliance with rules.

Title:

Chief ENGINEER

Title of person or office with primary responsibility for captioning issues who can ensure compliance with rules.

Address 1:

555 5<sup>th</sup> Ave

Postal mailing address of person or office with primary responsibility for captioning issues who can ensure compliance with the rules.

Address 2:

City:

AUNTINGTON

State:

-- Please Select --

WV

Zip Code:

25701

Phone:

304-781-6003  
(format: xxx-xxx-xxxx)

Telephone number of person or office with primary responsibility for captioning issues who can ensure compliance with the rules.

Fax:

304-529-4910  
(format: xxx-xxx-xxxx)

Fax number of person or office with primary responsibility for captioning issues who can ensure compliance with the rules.

Email:

lgalloway@wvnh.com

E-mail address of person with primary responsibility for captioning issues who can ensure compliance with the rules.

**SUBMITTER INFORMATION**

By submitting this, I certify that the information provided herein is valid and is provided pursuant to section 79.1(i) of the Commission's rules.

Submitter's Name:

Submitter's Title:

Submitter's Email:

address)

(Confirmation emails are sent to Submitter's email

Prev

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