



CLEARANCE SUBMISSION FORM

Please complete this form and send to
Fax: (416) 961-7904

Press TAB or use mouse to navigate through form.

SUBMITTER INFORMATION					
Submitting Company		Date	No. of Pages		
Contact		Your Reference			
Phone		Fax			
ADVERTISER INFORMATION					
Company			Product		
BILL TO					
Company			Contact		
Street		City	Province	Postal Code	
CLEARANCE SECTION					
ALCOHOL <input type="checkbox"/> Regular (2 day) <input type="checkbox"/> Priority (next day)* ___ Product ___ Sponsorship <input type="checkbox"/> CRTC <input type="checkbox"/> AGCO	CHILDREN'S <input type="checkbox"/> Committee Clearance (every 2 nd Monday) <input type="checkbox"/> Conditional Clearance- (2 day) <i>includes Committee Clearance</i> <input type="checkbox"/> Renewal (2 day) <input type="checkbox"/> Script/Tape Evaluation (2 day) <input type="checkbox"/> Script/Tape Evaluation (next day)* <input type="checkbox"/> Holiday Committee Clearance (see schedule for dates) <input type="checkbox"/> Children's Non-Broadcast Advertising Clearance <input type="checkbox"/> Food/Children's Combined <i>Please complete above sections</i>	FOOD <input type="checkbox"/> Regular (48 h) <input type="checkbox"/> Priority (24 h)*	DRUG - OTC *** <input type="checkbox"/> Regular (4 day) <input type="checkbox"/> Priority (2 day)* <input type="checkbox"/> Limited Claim (4 day) <input type="checkbox"/> Limited Claim (2 day)* DRUG - Rx*** <input type="checkbox"/> DTCA/DTCI Review Evaluation (4 day) <i>no approval number Assigned</i> <i>***Include NOC, product label(s), Product Monographs for initial Submissions. Provide updates as required.</i>	COSMETICS <input type="checkbox"/> Regular (2 day) <input type="checkbox"/> Priority (next day)*	
*Priority is charged at double regular price - see fee schedule					
Submission Type	Language	Length	Media	Infomercial	Additional Clearance
<input type="checkbox"/> New Advertisement <input type="checkbox"/> Resubmission of previously submitted copy <input type="checkbox"/> Renewal * <input type="checkbox"/> Consultation *Previous ASC Number	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other- <i>Please provide translation</i>	<input type="checkbox"/> 60 s <input type="checkbox"/> 30 s <input type="checkbox"/> 15 s <input type="checkbox"/> Other...	<input type="checkbox"/> TV Multi-market <input type="checkbox"/> TV Single-market <input type="checkbox"/> Radio Multi-market <input type="checkbox"/> Radio Single-market <input type="checkbox"/> Print <input type="checkbox"/> Internet <input type="checkbox"/> Other	<input type="checkbox"/> TV ___ # mins (4 day) <input type="checkbox"/> Radio ___ # mins (4 day)	Please obtain the following clearances: <input type="checkbox"/> Telecaster (tape required) <input type="checkbox"/> CBC preliminary <input type="checkbox"/> CBC final (tape required)
SCRIPT TITLES					ID NUMBER

062503