



Video Programming Distributors (VPD)

Data Entry 0014424048, Logout

VPDs | New VPD

I. NEW VPD RECORD ENTRY

denotes required field.

VPD INFORMATION

Type:

Broadcaster WTAF-TV

VPD Name:

IMMEDIATE CONTACT INFORMATION

Phone:

304 732-7777
(format: xxx-xxx-xxxx)

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

Fax:

304 232-4975
(format: xxx-xxx-xxxx)

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

Email:

WTAF@WTAF.COM

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

WRITTEN COMPLAINT CONTACT INFORMATION

Name:

BRAD STANFORD

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

Title:

Chief Eng, VPR

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

Address 1:

96 16th St.

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

Address 2:

City: Wheeling

State: WV

-- Please Select --

Zip Code:

26003

Phone:

304 230-6243
(format: xxx-xxx-xxxx)

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

Fax:

304 232-4975
(format: xxx-xxx-xxxx)

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

Email:

BSTANFORD@WTRF.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: Roger Lyons

Submitter's Title: General Manager

Submitter's Email: R.Lyons@WTRF.com

address) 96 16th St (Confirmation emails are sent to Submitter's email

Wheeling, WV 26003

Prev

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