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The VAB EAS/CAP Reimbursement Form:

PLEASE FILL OUT SEPARATE FORMS FOR EACH UNIT PURCHASED

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IS STATION OWNER A CURRENT VAB MEMBER? YES or NO (See Note 1)

EAS UNIT MAKE, MODEL & SERIAL #: _____

NEW UNIT WILL SERVE THESE STATION(S) & COMMUNITY(-IES) OF LICENSE:
(See Note 2)

STATION: _____ COMMUNITY OF LICENSE: _____
STATION: _____ COMMUNITY OF LICENSE: _____
STATION: _____ COMMUNITY OF LICENSE: _____
STATION: _____ COMMUNITY OF LICENSE: _____
STATION: _____ COMMUNITY OF LICENSE: _____

DATE OF EQUIPMENT PURCHASE: _____ (See Note 3)

COST OF EQUIPMENT (copy of invoice MUST be attached): \$ _____

YOUR NAME: (please print) _____

YOUR SIGNATURE _____ DATE: _____

Note 1: VAB member station – a dues-paying member station/group of the VAB in good standing.

Membership is not mandatory but is recommended for all Vermont broadcasters. See www.vab.org

Note 2: VAB reimbursement is for stations LICENSED to a Vermont community. Group VAB owners who operate stations from Vermont that are licensed to adjacent markets (NY, NH, MA) qualify if the equipment is located in Vermont.

Note 3: The EAS decoder must be purchased before Sept. 30, 2011.

Please mail completed forms to:

VAB
500A Dalton Drive
Colchester, VT 05446

Questions? Email Jim Condon at vab@vab.org or call 802-655-5764.