



Form: DTV-1

**Digital-to-Analog Converter Box Coupon Program
RETAILER PARTICIPATION FORM**

By signing this statement

Legal Business Name: _____

Doing Business As: _____

Corporate Address: _____

City: _____ State: _____ Zip: _____

Person authorized to sign agreements

Name and Title _____

Contact Telephone: _____

Contact email: _____

Certifies to the following:

1) Retailer has been engaged in the consumer electronics retail business for at least one year, and has obtained a Commercial Government Entity (CAGE) Code through the Central Contractor Registration at www.ccr.gov (CAGE Code: _____);

(2) Retailer has in place systems or procedures that can be easily audited as well as systems that can provide adequate data to minimize fraud and abuse in retail redemption and government payment for coupons;

(3) Retailer agrees to have coupons box sales audited at any time during the term of participation in the coupon program by the U. S. Government or an independent auditor at no expense to the retailer;

(4) Retailer will provide NTIA electronically with redemption information and payment receipts related to coupons used in the purchase of converter boxes, specifically tracking each serialized coupon by number with a corresponding converter box purchase; and

(5) Retailer will only accept coupons and receive payment resulting from purchases made for coupon-eligible converter boxes as defined in the NTIA Final Rule.

Signature of Authorized Official _____ **Date** _____

Printed Name _____

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