



Form: DTV-3

Digital-to-Analog Converter Box Coupon Program

MANUFACTURER NOTICE OF INTENT

Name of Manufacturer:

\_\_\_\_\_

Name, Title, Address and Phone Number of Individual Responsible for this Submission:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Proposed Model Number \_\_\_\_\_ (Please submit a separate form for each model proposed for testing.)

Brief Description of the Proposed Converter Box (include a list of permitted as well as required features of the proposed converter box):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date that the test results and proposed converter box will be available for evaluation: \_\_\_\_\_

NTIA shall treat the notices of intent received as business confidential and proprietary information and will not release information from the notices of intent to the public unless otherwise required by law.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act (PRA), unless that collection displays a currently valid Office of Management and Budget (OMB) control number.