



GEORGIA ASSOCIATION OF BROADCASTERS

6 West Druid Hills Drive NE, Suite 330 | Atlanta, GA 30329
Phone (770) 395-7200 | Fax (770) 395-7235 | www.gab.org

PUBLIC EDUCATION PARTNERSHIP (PEP) **AFFIDAVIT FORM**

Station Calls: _____ Station Mailing Address: _____

- Radio
- TV

Traffic Contact: _____ Traffic Phone & E-mail: _____
General Manger: _____ GM Phone & Email: _____

Month that spots aired: _____

Please write the name of client and total number of times the PEP spots aired:

Name of GAB PEP Spot: _____ # Times Spot Aired: _____
Name of GAB PEP Spot: _____ # Times Spot Aired: _____
Name of GAB PEP Spot: _____ # Times Spot Aired: _____
Name of GAB PEP Spot: _____ # Times Spot Aired: _____
Name of GAB PEP Spot: _____ # Times Spot Aired: _____
Name of GAB PEP Spot: _____ # Times Spot Aired: _____

Please send in this affidavit form 4 weeks from the time the spots ran. Thank you.

This report was prepared by: _____
at station _____ in the city of _____

Email: admin@gab.org
Fax: 770-395-7235

Please call the GAB office at 770-395-7200 or email admin@gab.org with questions.

*The PEP program is a revision of the GAB-Time and NCSA program.