



Dear Customer,

Thank you for asking us about the national broadcasts of ABC, CBS, FOX, NBC, or CW (called distant network signals or DNS). We received your request for information on signal strength testing to determine if you are eligible to receive any, or all, of these networks.

As you may know, DIRECTV can only deliver distant network signals to your service address if you cannot receive the network programming from your local stations (either by an off-air antenna or by satellite), or if the local stations grant a waiver. In areas where DIRECTV does not offer your local channels, you may arrange a digital signal strength test that can be submitted as proof of your eligibility for DNS programming. This test will evaluate whether you are able to receive, using a standard antenna, the off-air signal of the local station affiliated with the network or networks that you are requesting. **You must arrange and pay for all associated costs. The price of these tests can vary from \$150-\$500.**

If your area is served by an analog translator or a low power analog station that has not yet transitioned to a digital signal, you may need to arrange for analog testing instead of or in addition to digital testing. Your local stations should be able to confirm whether your location is served by an analog signal.

If you have any questions about which local stations would need to be tested in your area, please call 1-800-531-5000 and mention "DNS" to the customer service representative.

Next Steps:

- **Contact a qualified tester.** Testers must **be pre-approved by DIRECTV and all affiliate stations of each network for each test performed.** A list of testers that DIRECTV has worked with in the past is included at the end of this letter. If no tester is listed for your region, you must locate a qualified tester in your area. ***By requesting this test, you are agreeing to pay for all associated costs.***
- **Obtain station approval of your tester.** Once you locate a vendor willing to perform the test, use the enclosed Station Approval Form to obtain the local station's approval. Please remember that you must obtain a completed Station Approval Form for each station to be tested and that the approval forms must be completed by the stations before you schedule the signal test. Please have each station sign and return the form to you. You will need to include the signed form(s) when you send us the completed test results.
- **Notify DIRECTV that you intend to schedule a test.** Send us the attached Test Request Form once you have scheduled a test and notified the stations. The law requires that testers provide at least 5-days written advance notice to DIRECTV and the local stations before conducting a test. DIRECTV reserves the right to deny approval of the tester or to reject the test results if the required prior notice is not provided. ***The law does not allow testing in any area where DIRECTV can provide Local Channels.***
- **Send DIRECTV the results of your test(s).** We've attached the following forms: DIRECTV Test Form, Station Approval Form and a Digital Off-Air TV Reception Test form. The forms outline all the required information and using them will reduce the time it takes to process your request. (Make as many copies as necessary). Once the approved tester has completed the signal test(s), please send a copy of the completed Reception Test Forms and the completed Station Approval Forms to:

DIRECTV
Attn: Signal Test Request
P.O. Box 6550
Greenwood Village, CO 80155-6550

When we receive your results we will update your record. If your test results qualify you to receive the requested service, we will automatically add the chargeable service to your account. If your test results do not qualify you to receive the service we will advise you as soon as possible. Please allow 4 to 6 weeks before results will be available.

We regret that the requirements for determining DNS eligibility and the signal strength testing process is so complicated and we apologize for any inconvenience this may cause you.

Sincerely,

DNS Operations

Attachments:

- **Sample Test form** – A separate form must be completed for each network station
- **Station Approval form** - A separate form must be completed for each network station
- **DIRECTV Test Request form** – Must be sent to DIRECTV prior to the performance of a test

Potential Testers:

New Vision Wireless, LLC - Bend OR and Eureka
PO Box 1755 Redmond OR 97756
Phone: 541-316-0462 E-mail: cliff@newvisionwireless.com

ECS Broadcast Engineering – Charlottesville – Southern Virginia
1601 Dugspur Rd Callaway VA 24067
Phone: 540-489-3486 E-mail: ecs@rev.net

Commercial Radio Monitoring Co – Missouri
103 SW Market Street Lee's Summit MO 64063
Phone: 816-524-3777 E-mail: billthorsen@sbcglobal.net

DIRECTV Test Request Form

Notification to DIRECTV of Intent to Schedule a Signal Strength Test

I, _____, reside at the following address:

Street _____ Apt _____

City _____ State _____ Zip _____

My DIRECTV Account Number is _____

I have been denied waivers from (please circle those that apply):

ABC CBS FOX NBC CW

I understand that, in accordance with federal law, DIRECTV has used a statistical model to predict my ability to receive over-the-air TV signals. The model predicts that I can receive, via an off-air antenna, a signal of sufficient intensity for the television networks I've circled above. Therefore, I am currently not eligible to receive, via DIRECTV satellite, the DNS signals affiliated with these major broadcast networks.

Although the statistical model predicts that I can receive a signal of sufficient intensity, I cannot receive a signal from the TV stations in my area, even with an off-air antenna in good working order attached to a television set at my residence. I also understand that DIRECTV has requested that the required local stations provide me with a waiver to allow me to receive the DNS signals of their network affiliates and that the stations have denied the request.

I intend to arrange and pay for a test to determine the actual strength of the signal at my home for the networks I've indicated above. I understand that signal testing is not an option if DIRECTV carries my local channels. I also understand that both DIRECTV and the local stations must receive pre-notification that a test is to be performed at least 5-days in advance of the test and that my local stations must certify that they approve the tester that I select.

Tester:

Name

Address

Phone

Signature _____

Please mail this signed agreement to: DIRECTV
Attn: Signal Test Request
P.O. Box 6550
Greenwood Village, CO 80155-6550

Station Approval For Digital Off-Air Test

Name: _____

Account Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Station Call Letters: _____

Address: _____

Phone number: _____

The person named above is arranging and paying for an off-air field strength test to be conducted at the specified address in order to determine eligibility to purchase distant network signal service for _____ from DIRECTV.

Network

On behalf of this station I agree that the company or individual listed below is approved as a tester for this purpose.

Signature

Print Name

Date

Title

Tester:

Name

Address

Phone

Digital Off-Air TV Reception Test

This worksheet was prepared to assist in the measurement of an over-the-air television station's field strength in response to the Satellite Television Extension and Localism Act of 2010.

Customer's Name _____ DIRECTV Account Number _____

Address of household or description of location _____

Station call letters & channel number _____ Date/Time Tested _____

Field Strength Meter	Receiving Antenna	Transmission Line
Manufacturer _____	Manufacturer _____	Type _____
Model Number _____	Model Number _____	Length of Line _____ 50 ft
Serial Number _____	Test Height _____20ft _____30ft	75 ohm
Rated Accuracy _____	Peaked Ant to maximum signal ____Yes _____No	
Last Calibrated _____		

Description of the calibration of the measuring equipment _____

Factors which may affect the recorded field strength (weather/obstacles) _____

Description of where measurements were made _____

Cluster Measurements	
Location 1 _____ dBuV	Corrected Field Strength: _____ dBu
Location 2 _____ dBuV	
Location 3 _____ dBuV	
Location 4 _____ dBuV	
Location 5 _____ dBuV	
Cluster Median _____ dBuV (Order measurements from high to low and select the middle value.)	Customer (circle one) IS / IS NOT eligible for Distant Network Services. (See below for channel range cut-off.)

Instructions:

1. Order measurements from high to low and select the middle value.
2. The units from the field strength meter should be in or converted to dBuV, decibels relative to one microvolt.
3. The equation $(20\log F + \text{dBuV} - G + L - 33.57)$ is used to determine the correction factor.
4. If the corrected field strength is below 28 dBu for channels 2-6; below 36 dBu for channels 7-13; or below 41 dBu for channels 14-69, then the measured location is considered an unserved household and is eligible for Distant Network Services.

The undersigned performed the field strength measurements in accordance with good engineering practice and in accordance with the procedures detailed in 47CFR73.686(d)

Testing Company _____ Phone _____

Signature _____ Printed Name _____ Date _____