**MPAA SITE SECURITY DIRECT REQUEST PROGRAM**

**Instructions:** Please complete and return this document to the MPAA in order to receive a no obligation quote on the cost to have the MPAA conduct a content security inspection of your facility.

Information should be submitted via email to **angelo\_trujillo@mpaa.org**

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| **Facility Name:** |       |
| **Parent Company Name:** |  |
| Date Completed: |  |
| Facility Address (Include State, Country and Zip Code): |  |
| Main Point of Contact: | Name:      Phone:      Email:       |
| Facility Main Phone Number(s): |       |
| Office Hours: |       |
| Website:Description of Services Offered at Facility: |  |
| **Site Information** |
| Number of Full-Time Employees |       | Size of Facility (Square Feet or Meters) |       |
| Number of Temps/Freelancers (if any) |       | Number of Buildings |       |
| Hours of Operation |       | Approximate Number of Rooms |       |
| Number of Shifts |       | Number of Stories |       |
|  |  | Number of Entrances  |       |
| Co-Located Businesses at Facility (if any) |       | Number of Exits |       |
| Number of Loading Docks |       |

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| **Content Handling** |
| Best Practice Facility Type (select all that apply)Content Handled – Type(s)(select all that apply)Content Handled –Window(s): (select all that apply) |                 | Other CertificationsAsset Management SystemProduction Software and Tool(s) UsedProduction Bay(s): (e.g. audio, edit)Central Storage Type(s)  |               Number of Bays:      Types:            |

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| **Element Information** |
| Video Format(s)Digital Media Format(s) |              | Physical Media Format(s) |         |
| **Physical Media Transport Methods** |
| Physical Media Transport Method(s)(select all that apply) |    |
| **Digital Content Transfer Tools and Methods** |
| Content Transfer Tool(s) in Use(select all that apply) |       **Internet Facing Web Portals****Point to Point Connections**  |