



FORM 2100, SCHEDULE 345 - APPLICATION FOR CONSENT TO ASSIGN CONSTRUCTION PERMIT OR LICENSE FOR TV OR FM TRANSLATOR STATION OR LOW POWER TELEVISION STATION OR TO TRANSFER CONTROL OF ENTITY HOLDING TV OR FM TRANSLATOR OR LOW POWER TELEVISION STATION

This set of screenshots tracks the *Non-Pro Forma* Transfer of Control of CP or License Application flow in LMS for TV Translator or FM Translator Stations or LPTV Stations.

Transfers

General Information

* indicates required field

 Attachments  Draft Copy

Application Description

Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

Attachments

* Are attachments (other than associated schedules) being filed with this application?

Yes No [« Clear](#)

**FORM 2100, SCHEDULE 345 - APPLICATION FOR CONSENT TO
ASSIGN CONSTRUCTION PERMIT OR LICENSE FOR TV OR FM
TRANSLATOR STATION OR LOW POWER TELEVISION STATION OR
TO TRANSFER CONTROL OF ENTITY HOLDING TV OR FM
TRANSLATOR OR LOW POWER TELEVISION STATION**

Transfers

Fees, Waivers, and Exemptions

* indicates required field [Attachments](#) [Draft Copy](#)

Fees

* Is the applicant exempt from FCC application Fees?

Yes No [« Clear](#)

Waivers

* Does this filing request a waiver of the Commission's rule(s)?

Yes No [« Clear](#)

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Transfers

Transfer Type

* indicates required field

[Attachments](#) [Draft Copy](#)

Transfer Type

* Is this application a pro forma Transfer of Control? No

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Transfers

Authorizations to be Transferred

* indicates required field Attachments Draft Copy

List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, LPTM stations, FM and/or TV translator stations, LPTV stations, SCA, FM and/or TV booster stations, and associated auxiliary service stations.

If you see facility id on this list that cannot be selected, [please review the list of Facility ID's associated with one or more FRN's](#).

Select Call Signs

<input type="checkbox"/> All	Call Sign	Facility ID	File Number	Service	City, State

Selected Call Signs

Call Sign	Actions

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Transfers

Transfer Questions

** indicates required field* [Attachments](#) [Draft Copy](#)

* Were any of the authorizations that are the subject of this application obtained through the Commission's competitive bidding procedures (see 47 C.F.R. Sections 1.2111(a) and 73.5000)?

Yes No [« Clear](#)

* Were any of the authorizations that are the subject of this application obtained through the Commission's point system for reserved channel noncommercial educational stations (see 47 C.F.R. Sections 73.7001 and 73.7003)?

Yes No [« Clear](#)

* Were any of the authorizations that are the subject of this application obtained after award of a dispositive Section 307(b) preference using the Tribal Priority, through Threshold Qualifications procedures, or through the Tribal Priority as applied before the NCE fair distribution analysis set forth in 47 C.F.R. § 73.7002(b)?

Yes No [« Clear](#)

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Transfers
Licensee/Permittee Information

* indicates required field [Attachments](#) [Draft Copy](#)

✖ Please see errors below.

Licensee/Permittee Name and Type

* FRN:

* Licensee/Permittee Type:

* Applicant Type Other:

Doing Business As:

Licensee/Permittee Contact Information

Attention To:

* Country:

PO Box: Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

✖ Required Question - Please Respond.

* Email:

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Transfers
Licensee/Permittee Contact Representatives

* indicates required field Attachments Draft Copy

Contact Type

* Please select the contact type:

Legal Representative
 Technical Representative
 Other

Contact Name

Pre-fill From Licensee/Permittee Details »

* First Name:
Middle Name:
* Last Name:
Suffix:
Title:
* Company Name:



Contact Information

Attention To:
* Country:
PO Box: Either PO Box or Address Line 1 is required.
* Address Line 1:
Address Line 2:
* City:
* State:
* Zip Code:
* Phone:
* Email:

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Transfers

Licensee/Permittee Legal Certifications

* indicates required field  Attachments  Draft Copy

Agreements for Transfer Control of Station

* Licensee/Permittee certifies that:

- (i) it has placed its public inspection file(s) and submitted to the commission as an Exhibit to this application copies of all agreements for the transfer of the station(s);
- (ii) these documents embody the complete and final understanding between Transferor and Transferee; and
- (iii) these agreements comply fully with the commission's rules and policies

Yes No N/A

Character Issues

* Licensee/Permittee certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:

- (a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application or
- (b) any pending broadcast application in which character issues have been raised

Yes No

Adverse Findings

* Licensee/Permittee certifies that, with respect to the Licensee/Permittee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

Yes No

Local Public Notice

* Licensee/permittee certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580.

Yes No N/A

Auction Authorization

Licensee/Permittee certifies that more than five years have passed since the issuance of the construction permit for the station being assigned, where that permit was acquired in an auction through the use of a bidding credit or other special measure.

Yes No N/A

Anti-Discrimination Certification



* Licensee/permittee certifies that neither licensee/permittee nor any party to the application have violated the Commission's prohibition against discrimination on the basis of race, color, religion, national origin or sex in the sale of commercially operated AM, FM, TV, Class A TV or International broadcast stations.

Yes No N/A

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Transfers

Transferor Information

* indicates required field  Attachments  Draft Copy

Transferor Name and Type

* FRN: Pre-fill Transferor Details

* Applicant Type:

* Company Name:

Doing Business As:

Transferor Information

Attention To:

* Country:

PO Box: Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

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Transfers
Add Transferor Contact Representative

* indicates required field Attachments Draft Copy

Contact Type

* Please select the contact type:

Legal Representative
 Technical Representative
 Other

Contact Name

* First Name:
Middle Name:
* Last Name:
Suffix:
Title:
* Company Name:

Contact Information

Attention To:
* Country:

PO Box: Either PO Box or Address Line 1 is required.
Address Line 1:
Address Line 2:
City:
State:
* Zip Code:
* Phone:
* Email:

[Save & Add Another >](#) [Save & Continue >](#) [« Back](#) 5

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Transfers
Add Changes in Interest as a Result of Transfer

* indicates required field

[Attachments](#) [Draft Copy](#)

[View Change in Interest Parties to the Application »](#)

i Please provide the following information for each party to the application holding an attributable interest. If a corporation or partnership holds an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members.

Name of Party to Application Holding an Attributable Interest

* Citizenship:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Company Name:

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Party Contact Information	
* Country:	<input type="text" value="United States"/>
PO Box:	<input type="text"/> <small>Either PO Box or Address Line 1 is required.</small>
* Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text" value="Select..."/>
* Zip Code:	<input type="text"/>
* Phone:	<input type="text"/>
	<input type="text"/> * Email
<hr/>	
* Percent Held Before Transfer	
Percentage of Votes:	<input type="text" value="0"/> %
Percentage of Total Assets: <small>(including plus debt)</small>	<input type="text" value="0"/> %
<hr/>	
* Percent Held After Transfer	
Percentage of Votes:	<input type="text"/>
Percentage of Total Assets: <small>(including plus debt)</small>	<input type="text"/>
<hr/>	
<input type="button" value="Save & Add Another >"/>	<input type="button" value="Save & Continue >"/>
<input type="button" value="Back <"/>	

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Transfers
Transferee Information

* indicates required field

Transferee Name and Type

* Applicant Type:

* Company Name:

Doing Business As:

Transferee Information

Attention To:

* Country:

PO Box: Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:



* Phone:

* Email:

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Transfers

Add Transferee Contact Representative

* indicates required field  

Contact Type

* Please select the contact type:

Legal Representative
 Technical Representative
 Other

Contact Name

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Company Name:

Contact Information

Attention To:

* Country:

PO Box: Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

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Transfers

Add Party to the Application

* indicates required field

[Attachments](#) [Draft Copy](#)

[View Parties to the Application »](#)

Please provide the following information for each party to the application holding an attributable interest.
If a corporation or partnership holds an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members.

Applicant Party Name and Positional Interest

* Positional Interest:

* Citizenship:

* Percentage of Votes: %

* Percentage of Total Assets: %
(equity plus debt)

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Company Name:

Party Contact Information

* Country:

PO Box: Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

[Save & Add Another »](#) [Save & Continue »](#) [« Back](#)

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Transfers

Parties to the Application Certification

* indicates required field

[Attachments](#) [Draft Copy](#)

* Applicant certifies that equity and financial interests not set forth by the transferee are nonattributable.



Yes No N/A [Clear](#)

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Transfers

Transferee Legal Certifications

* indicates required field  Attachments  Draft Copy

Agreements for Sale/Transfer of Station

* Transferee certifies that:


- (a) the written agreements in the Transferee's public inspection file and submitted to the Commission embody the complete and final agreement for the sale or transfer of the station(s); and
- (b) these agreements comply fully with the Commission's rules and policies.

Yes No [← Clear](#)

Other Authorizations

* Please upload an attachment detailing the call signs, locations, and facility identifiers of all other broadcast stations in which transferee or any party to the application has an attributable interest.

N/A [← Clear](#)

 Please [upload](#) the required information which includes an Exhibit justification.

Multiple Ownership

* Is the transferee or any party to the application the holder of an attributable radio or television joint sales agreement or an attributable radio or television time brokerage agreement with the station(s) subject to this application or with any other station in the same market as the station(s) subject to this application?

Yes No N/A [← Clear](#)

* Transferee certifies that the proposed transfer complies with the Commission's multiple ownership rules and cross-ownership rules.

Yes No N/A [← Clear](#)

* Transferee certifies that the proposed transfer:

- (1) does not present an issue under the Commission's policies relating to media interests of immediate family members;
- (2) complies with the Commission's policies relating to future ownership interests; and
- (3) complies with the Commission's restrictions relating to the insulation and nonparticipation of non-party investors and creditors.

Yes No N/A [← Clear](#)

* Does the Transferee claim status as an "eligible entity," that is, an entity that qualifies as a small business under the Small Business Administration's size standards for its industry grouping (as set forth in 13 C.F.R. § 121-201), and holds

- (1) 30 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet; or
- (2) 15 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet, provided that no other person or entity owns or controls more than 25 percent of the outstanding stock or partnership interests; or
- (3) More than 50 percent of the voting power of the corporation that will own the media outlet (if such corporation is a publicly traded company)?

Yes No N/A [← Clear](#)

* Does this transfer include a grandfathered cluster of stations?

Yes No N/A [← Clear](#)

* NCE Diversity of Ownership Points. Does the transferee or any party to the application have an attributable interest in an NCE FM or NCE TV station received through the award of "diversity of ownership" points in the point system analysis?

Yes No N/A [← Clear](#)



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<p>Character Issues</p> <p>* Transferee certifies that neither transferee nor any party to the application has or has had any interest in, or connection with:</p> <p>(a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application; or</p> <p>(b) any pending broadcast application in which character issues have been raised.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="button" value="Clear"/></p>	
<p>Adverse Findings</p> <p>* Transferee certifies that, with respect to the transferee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="button" value="Clear"/></p>	
<p>Financial Qualifications</p> <p>* Transferee certifies that sufficient net liquid assets are on hand or are available from committed sources to consummate the transaction and operate the station(s) for three months.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="button" value="Clear"/></p>	
<p>Program Service Certification</p> <p>* Transferee certifies that it is cognizant of and will comply with its obligations as a Commission licensee to present a program service responsive to the issues of public concern facing the station's community of license and service area.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="button" value="Clear"/></p>	
<p>Special Measures</p> <p>* Transferee certifies that where less than five years have passed since the issuance of the construction permit and the permit had been acquired in an auction through the use of a bidding credit or other special measure, it would qualify for such credit or other special measure.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="button" value="Clear"/></p>	
<p>Equal Employment Opportunity (EEO)</p> <p>* If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this application a Model EEO Program Report on FCC Form 396-A.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="button" value="Clear"/></p>	
<p><input type="button" value="Save & Continue >"/></p>	<p><input type="button" value="Back <"/></p>

FORM 2100, SCHEDULE 345 - APPLICATION FOR CONSENT TO ASSIGN CONSTRUCTION PERMIT OR LICENSE FOR TV OR FM TRANSLATOR STATION OR LOW POWER TELEVISION STATION OR TO TRANSFER CONTROL OF ENTITY HOLDING TV OR FM TRANSLATOR OR LOW POWER TELEVISION STATION

Transfers

Transferee Alien Ownership

* indicates required field  Attachments  Draft Copy

* 1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?
 Yes No [« Clear](#)

* 2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1))
 Yes No [« Clear](#)

* 3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2))
 Yes No [« Clear](#)

* 4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3))
 Yes No [« Clear](#)

* 5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))
 Yes No [« Clear](#)

* 6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?
 Yes No [« Clear](#)

* 7) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?
 Yes No [« Clear](#)



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Transfers

Rebroadcast Certification


Call Sign: W249DV | Frequency: 97.7 MHz | Channel: 249 | Facility ID: 201396

* indicates required field  Attachments  Draft Copy

* For applicants proposing rebroadcasts who are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted.

Yes No N/A [← Clear](#)

Primary station proposed to be rebroadcast:

 Primary facility ID is empty.

Facility ID: [Add](#)

Call Sign:

City:

State:

[Clear](#)

* Applicant certifies that it is not the licensee or permittee of the commercial primary station being rebroadcast and that neither it nor any parties to the application have any interest in or connection with the commercial primary station being rebroadcast. See 47 C.F.R. Section 74.1232(d).

Yes No N/A [← Clear](#)

* Applicant certifies that the FM translator's (a) 1 mV/m coverage contour does not extend beyond the protected contour of the commercial FM primary station to be rebroadcast, or (b) entire 1 mV/m coverage contour is contained within the greater of either: (i) the 2 mV/m daytime contour of the commercial AM primary station to be rebroadcast, or (ii) a 25-mile radius centered at the commercial AM primary station's transmitter site.

Yes No N/A [← Clear](#)

* Applicant certifies that it is in compliance with 47 C.F.R. Section 74.1232(e), which prohibits a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being rebroadcast, from receiving support (except for specified technical assistance), before, during, or after construction, directly or indirectly, from the primary station, or any person or entity having any interest in, or connection with, the primary station.

Yes No N/A [← Clear](#)


[Save & Return »](#)

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Transfers

Application Summary

 Attachments  Draft Copy

 Please review your application before submitting.

You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

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Transfers

Licensee/Permittee Certify and Signature

* indicates required field [Attachments](#) [Draft Copy](#)

General Certification Statements

Licensee/Permittee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee/Permittee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.

The Licensee/Permittee certifies that neither the Licensee/Permittee nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Licensee/Permittee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

* indicates required field

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

* indicates required field

Date: 10/08/2020

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Attachments: I certify that this application includes all required and relevant attachments.

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FORM 2100, SCHEDULE 345 - APPLICATION FOR CONSENT TO ASSIGN CONSTRUCTION PERMIT OR LICENSE FOR TV OR FM TRANSLATOR STATION OR LOW POWER TELEVISION STATION OR TO TRANSFER CONTROL OF ENTITY HOLDING TV OR FM TRANSLATOR OR LOW POWER TELEVISION STATION

Transfers

Transferee Certify and Signature

* indicates required field Attachments Draft Copy

General Certification Statements

Transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.

The Transferee certifies that neither the Transferee nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

* indicates required field

Date: 10/08/2020

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:



* Attachments: I certify that this application includes all required and relevant attachments.

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FORM 2100, SCHEDULE 345 - APPLICATION FOR CONSENT TO ASSIGN CONSTRUCTION PERMIT OR LICENSE FOR TV OR FM TRANSLATOR STATION OR LOW POWER TELEVISION STATION OR TO TRANSFER CONTROL OF ENTITY HOLDING TV OR FM TRANSLATOR OR LOW POWER TELEVISION STATION

Transfers

Transferor Certify and Signature

* indicates required field  Attachments  Draft Copy

General Certification Statements

Transferor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferor further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.

The Transferor certifies that neither the Transferor nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

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Date: 10/08/2020

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Attachments: I certify that this application includes all required and relevant attachments.