

Form 2100, Schedule 350 – FM Translator or FM Booster Station License Application

This set of screen shots captures the FM Translator and FM Booster Station License flow in the LMS application.

General Information

** indicates required field*

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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.

Uploaded Attachments

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

Yes No [« Clear](#)

[Cancel](#)

[Save & Continue »](#)

Fees, Waivers and Exemptions

** indicates required field*

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Fees

* Is the applicant exempt from FCC application Fees?

Yes No [« Clear](#)

* Is the applicant exempt from FCC regulatory Fees?

Yes No [« Clear](#)

Waivers

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

Yes No [« Clear](#)



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Applicant Information

* Indicates required field

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Applicant Name and Type

* Applicant Type:

* Company Name:

Applicant Information

Attention To:

* Country:

PO Box:

Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

City:

* City

State:

* State

Code:

* Zip

Phone:

* Phone

Email:

* Email

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Contact Representatives

* indicates required field

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Contact Type

* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

Contact Name

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Company Name:

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Contact Information

Attention To:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
PO Box:	<input type="text"/>
<i>Either PO Box or Address Line 1 is required.</i>	
* 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"/>
* Email:	<input type="text"/>

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Save & Continue »

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Legal Certifications

** indicates required field*

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Programming

* The applicant certifies that it is the licensee of the primary station or the applicant certifies that written authority has been obtained from the licensee of the primary station whose programming is to be retransmitted.

Yes No [« Clear](#)

Station Ready for Operation

* Applicant certifies that station is now in satisfactory operating condition and ready for regular operation.

Yes No [« Clear](#)

Character Issues

* Applicant certifies that neither the applicant nor any party to the application has or 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 party to the application; or (b) any pending broadcast application in which character issues have been raised.

Yes No [« Clear](#)

Adverse Findings

* Applicant certifies that, with respect to the applicant and any 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 laws 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 [« Clear](#)

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Channel and Facility Information

** indicates required field*

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Proposed Community of License

Facility ID: 199004
Channel: 300
Frequency: 107.9 MHz

Facility Type

Selected Facility Type: Commercial

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Antenna Location Data

* indicates required field

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Coordinates (NAD83)

* Latitude (NAD83): DD MM SSS Direction N+ ▾

* Longitude (NAD83): DDD MM SSS Direction W- ▾

Antenna Data

* Effective Radiated Power: kW kW
Horizontal Vertical

* Transmitter Power Output: kW

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Antenna Technical Data

* indicates required field

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Antenna Type

* Please select an antenna type:

Directional

Primary Station Community of License

To find the Primary Station's Community of License, enter the station's Facility ID then click the Find button.

Facility ID:

Find

Delivery Method

* Please select the delivery method:

- Wired
- Via Call Sign
- Direct-off-air
- Microwave
- Phone line
- Satellite
- Internet
- Other
- [« Clear](#)

Transmitting Antenna

* Manufacturer / Make :

* Model:

* Number of Sections:

(1 - 20 - must be a whole number, decimals not allowed)

* Spacing Between Sections
(wavelength):


(0.5 - 1.5 - may be to tenths decimal place, at most)

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Measured Directional Antenna Relative Field Value

* Please provide the directional antenna measured field values as well as any additional azimuths:

Values entered must be between [.000 - 1.000] and must be entered for every degree listed from 0 to 350 in increments of 10.

 The requirements of 47 CFR Section 73.316 must be satisfied.

V_A = Relative Field Value V_M = Measured Field Value

Degree	V_A	V_M	Degree	V_A	V_M	Degree	V_A	V_M	Degree	V_A	V_M
0	1	<input type="text"/>	90	0.04	<input type="text"/>	180	0.06	<input type="text"/>	270	0.03	<input type="text"/>
10	0.94	<input type="text"/>	100	0.03	<input type="text"/>	190	0.05	<input type="text"/>	280	0.04	<input type="text"/>
20	0.77	<input type="text"/>	110	0.03	<input type="text"/>	200	0.05	<input type="text"/>	290	0.04	<input type="text"/>
30	0.55	<input type="text"/>	120	0.04	<input type="text"/>	210	0.03	<input type="text"/>	300	0.07	<input type="text"/>
40	0.33	<input type="text"/>	130	0.05	<input type="text"/>	220	0.02	<input type="text"/>	310	0.18	<input type="text"/>
50	0.15	<input type="text"/>	140	0.04	<input type="text"/>	230	0.03	<input type="text"/>	320	0.35	<input type="text"/>
60	0.03	<input type="text"/>	150	0.04	<input type="text"/>	240	0.04	<input type="text"/>	330	0.57	<input type="text"/>
70	0.03	<input type="text"/>	160	0.05	<input type="text"/>	250	0.03	<input type="text"/>	340	0.76	<input type="text"/>
80	0.05	<input type="text"/>	170	0.06	<input type="text"/>	260	0.02	<input type="text"/>	350	0.93	<input type="text"/>

Additional Azimuths (optional)

Degree	V_A	V_M
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Technical Certifications

** indicates required field*

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Constructed Facility

* The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.R. Section 74.1251?

Yes No [« Clear](#)

Special Operating Conditions

* Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?

Yes No [« Clear](#)

Transmitter Power Output

* Does the operating transmitter power output produce the authorized effective radiated power?

Yes No [« Clear](#)

Environmental Effect

*Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See 47 C.F.R. Section 1.1306?

Yes No [« Clear](#)

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Certification

* indicates required field

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General Certification Statements

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).

The Applicant certifies that neither the Applicant 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 Applicant 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: 12/07/2018

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

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

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Application**