

FOR  
FCC  
USE  
ONLY

**FCC 335-FM**  
**DIGITAL NOTIFICATION**

FOR COMMISSION USE ONLY

FILE NO.

**SECTION I - GENERAL INFORMATION**

1. Legal Name of the Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City	State or Country (if foreign address)	ZIP Code
Telephone Number (include area code)	E-Mail Address (if available)	
FCC Registration Number	Call Sign	Facility ID Number

2. Contact Representative (if other than licensee/permittee) \_\_\_\_\_ Firm or Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City	State or Country (if foreign address)	ZIP Code
Telephone Number (include area code)	E-Mail Address (if available)	

3. Community of License: \_\_\_\_\_ State: \_\_\_\_\_

4. Digital broadcasts commenced on: \_\_\_\_\_ (mm/dd/yyyy)

5. In the event of interference, questions should be directed to licensee's technical representative:

Name	Telephone Number (include area code, omit dashes)
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6. Effective Radiated Power:

Analog: \_\_\_\_\_ kilowatts

Digital: \_\_\_\_\_ kilowatts

Transmitter Power Output:

Combined (for low-level combined systems): \_\_\_\_\_ kilowatts

Analog (for separate analog systems): \_\_\_\_\_ kilowatts

Digital (for separate digital systems): \_\_\_\_\_ kilowatts

7. Licensee certifies that, except for digital power, its facilities conform to the iBiquity Digital Corporation hybrid specifications:  Yes  No

8. Licensee certifies its analog effective radiated power will remain as authorized after commencement of digital operations:  Yes  No

9. Licensee certifies that its interim digital operation will not cause human exposure to radio frequency radiation in excess of the limits for maximum permissible exposure specified in Section 1.1310 of the Commission's rules, and it is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) of the Commission's rules:  Yes  No

Exhibit No.
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If No, licensee must submit an environmental assessment (EA) and may not commence interim digital operation until the EA is acted upon by the Commission.

**CERTIFICATION**

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Signature	Date

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