

## Call Sign Reservation System

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### Call Sign Reservation System

FCC Form 380  
Approved by OMB  
OMB Control Number: 3060-0188  
Estimated time per response: 10-15 minutes  
Edition Date: January 2005

### Welcome to the FCC's Call Sign Reservation and Authorization System

The FCC Radio and Television Call Sign Reservation and Authorization System is available 24 hours-a-day, Monday through Sunday. Users are encouraged to consult our [FCC CALL SIGN POLICIES AND REGULATIONS](#) before using this system. If you wish to consult the User's Guide for the Call Sign Reservation and Authorization System, click on the word HELP at the bottom right of each screen.

The Licensee's FRN and Password are required fields of the Call Sign Reservation System. You must use an FRN that is associated with the facility of the call sign change you are requesting. The FRN Manager was designed to assist in the association of FRN's. Click the link under item number four (4) to access the FRN Manager. The Call Sign System will accept your FRN and Password by one of the following three ways:

- 1. If you know your FRN and Password, you can enter directly in the Call Sign Request Application Screen.
- 2. You can verify your FRN and Password by entering the values within the [Call Sign/CORES Pre-Form](#) Screen.

If both FRN and Password are valid, the FRN will be passed from the Call Sign/CORES Pre-Form Screen to the Call Sign Reservation System.

- 3. If you do not have an FRN and Password, you can get to The CORES Registration page by using the [Register in CORES](#) link.
- 4. If you need to associate your FRN with the licensee's FRN, you can go to [FRN Manager](#) link.

[SEARCH FOR CALL SIGN AVAILABILITY](#)

[START CALL SIGN REQUEST](#)

[NEW CHANGES](#)      [HELP](#)

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For Call Sign questions or assistance call The Call Sign Help Desk at 202-418-2211 or email: [callsign](#)

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Federal Communications Commission Phone: 1-888-CALL-FCC (1-888-225-445 12th Street SW 5322)  
Washington, DC 20554 TTY: 1-888-TELL-FCC (1-888-835-5322)  
[More FCC Contact Information...](#)

Fax: 1-866-418-0232  
E- [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov)  
mail:

- [Privacy Policy](#)  
- [Website Policies & Notices](#)  
- [Required Browser Plug-ins](#)  
- [Freedom of Information Act](#)



**Query by Call Sign**

Call Sign

Submit

[Submit the query]

Clear

[Erase data from the form]

This query displays whether a call sign is available. If it is not available, the query identifies to whom it is assigned or reserved.

[HELP](#)



**Federal Communications Commission**

**Media Bureau**

Call Sign Desk - *Query*

Call Sign **WUBD** is available.

**SELECT TYPE OF REQUEST/RESERVATION**

CHANGE CHANGE REQUEST

INITIAL PERMITTEE INITIAL REQUEST

TRANSFER TRANSFER/ASSIGNMENT REQUEST

EXCHANGE EXCHANGE REQUEST

[HELP](#)



# Federal Communications Commission

## Media Bureau

Call Sign Desk - *Query*

Call Sign is *not* available.

Call Sign	Service	Fac ID	City	State	Effective Date	Assigned To

Our records contain the following address(es) for above licensee(s):

<b>CALL SIGN</b>						
<b>LICENSEE</b>						
<b>MAILING ADDRESS</b>						
<b>CONTINUED ADDRESS</b>						
<b>CITY</b>	CHICAGO		<b>STATE</b>	IL	<b>ZIP</b>	60614-1919

A request for { **Call Sign** } dated 11/07/2007 has been filed by .

Our records contain the following address(es) for above requester(s):

<b>REQUESTED CALL SIGN</b>						
<b>LICENSEE/PERMITTEE</b>						
<b>MAILING ADDRESS</b>						
<b>CONTINUED ADDRESS</b>						
<b>CITY</b>			<b>STATE</b>		<b>ZIP</b>	



# Federal Communications Commission

## Media Bureau

Call Sign Desk - *Query*

Call Sign

Call Sign	Service	Fac ID	City	State	Effective Date	Assigned To

Our records contain the following address(es) for above licensee(s):

<b>CALL SIGN</b>							
<b>LICENSEE</b>							
<b>MAILING ADDRESS</b>							
<b>CONTINUED ADDRESS</b>							
<b>CITY</b>				<b>STATE</b>		<b>ZIP</b>	
<b>CALL SIGN</b>							
<b>LICENSEE</b>							
<b>MAILING ADDRESS</b>							
<b>CONTINUED ADDRESS</b>							
<b>CITY</b>				<b>STATE</b>		<b>ZIP</b>	



# **Federal Communications Commission**

## **FCC CALL SIGN REQUEST**

### **SELECT TYPE OF REQUEST/RESERVATION**

**CHANGE** CHANGE REQUEST

**INITIAL** PERMITTEE INITIAL REQUEST

**TRANSFER** TRANSFER/ASSIGNMENT REQUEST

**EXCHANGE** EXCHANGE REQUEST

[HELP](#)



**CHANGE REQUEST**

REQUESTED CALL SIGN

CURRENT CALL SIGN

[HELP](#)

**Response to questions in this call sign reservation request constitute representations upon which the FCC will rely in considering this request.**

**WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).**

**FCC NOTICE TO INDIVIDUALS  
REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this call sign reservation request. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection.

If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

If you do not provide the information requested on this request, the call sign reservation request cannot be accepted electronically. Your electronic request is required to obtain the requested call sign authorization.

We have estimated that each response to this collection of information will take, on average, 10 - 15 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0188), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to [Cathy.Williams@fcc.gov](mailto:Cathy.Williams@fcc.gov). Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0188.

**THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 95-511, DECEMBER 11, 1980, 44 U.S.C. 3507**





# Federal Communications Commission

CHANGE REQUEST FORM					
CALL SIGN		FACILITY ID		SERVICE	
LICENSEE NAME					
MAILING ADDRESS					
CONTINUED ADDRESS					
CITY			STATE		ZIP
REQUESTED CALL SIGN		SERVICE		EFFECTIVE DATE	
<input type="checkbox"/> The applicant submitting this request is authorized to certify that neither the licensee nor any shareholder, officer, or director thereof, is subject to a denial of federal benefits, including FCC benefits, pursuant to section 5301 of the ANTI-DRUG ABUSE ACT of 1988, 21 U.S.C. section 853(a).					
<input type="checkbox"/> The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.					

APPLICANT/REPRESENTATIVE					
NAME					
<input type="checkbox"/> Check here if applicant address is same as licensee (if you don't want to fill in below).					
ORGANIZATION					
STREET ADDRESS					
CONTINUED ADDRESS					
CITY		STATE		ZIP	
PHONE				E-MAIL ADDRESS	
FRN:				PASSWORD:	

FEE PAYMENT REQUIRED. THE APPLICANT MUST FILE FORM 159.

[HELP](#)



# Federal Communications Commission

FCC Form 380  
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Edition Date: January 2005

## PERMITTEE INITIAL REQUEST

REQUESTED CALL SIGN

CONSTRUCTION PERMIT NUMBER

SERVICE

**ENTER PERMIT NUMBER ONLY (Format: YYYYMMDDAAA) - No Prefix required**

[HELP](#)

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# Federal Communications Commission

## PERMITTEE INITIAL REQUEST FORM

FILE NUMBER		FACILITY ID		SERVICE	
PERMITTEE NAME					
MAILING ADDRESS					
CONTINUED ADDRESS					
CITY		STATE		ZIP	

REQUESTED CALL SIGN		SERVICE		EFFECTIVE DATE	<input type="text"/>
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The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.

## APPLICANT/REPRESENTATIVE

NAME	<input type="text"/>
------	----------------------

Check here if applicant address is same as permittee (if you don't want to fill in below).

ORGANIZATION	<input type="text"/>
STREET ADDRESS	<input type="text"/>
CONTINUED ADDRESS	<input type="text"/>

CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
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PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
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FRN:	<input type="text"/>	PASSWORD:	<input type="text"/>
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[HELP](#)



**TRANSFER/ASSIGNMENT REQUEST**

REQUESTED CALL SIGN

CURRENT CALL SIGN

LICENSE ASSIGNMENT/TRANSFER OF  
CONTROL APPLICATION NUMBER

[HELP](#)

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# Federal Communications Commission

## TRANSFER/ASSIGNMENT REQUEST FORM

APP ARN		CALL SIGN		FAC ID		SERVICE
---------	--	-----------	--	--------	--	---------

LICENSEE NAME	
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MAILING ADDRESS	
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CONTINUED ADDRESS	
-------------------	--

CITY		STATE		ZIP	
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REQUESTED CALL SIGN		SERVICE	
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The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.

### APPLICANT/REPRESENTATIVE

NAME	
------	--

ORGANIZATION	
--------------	--

STREET ADDRESS	
----------------	--

CONTINUED ADDRESS	
-------------------	--

CITY		STATE		ZIP	
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PHONE				E-MAIL ADDRESS	
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FRN:	
------	--

PASSWORD:	
-----------	--

[SUBMIT REQUEST](#)

[RESET](#)

[HELP](#)





**EXCHANGE REQUEST**

	CURRENT CALL SIGN	REQUESTED CALL SIGN
LICENSEE 1	<input type="text"/>	<input type="text"/>
LICENSEE 2	<input type="text"/>	<input type="text"/>

Please fill in current and requested call signs for both licensees.

When there is a mutual exchange of call signs between the two licensees, either licensee may make the requested exchange for both stations. Where there is not a mutual exchange of call signs between the two licensees, licensee 1 **MUST** be the one who is transferring its call sign to licensee 2. Licensee 1 may request any other call sign that is available.

[HELP](#)

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# Federal Communications Commission

## EXCHANGE REQUEST FORM

CURRENT CALL SIGN 1		FAC ID		SERVICE	
---------------------	--	--------	--	---------	--

LICENSEE 1 NAME					
-----------------	--	--	--	--	--

MAILING ADDRESS 1					
-------------------	--	--	--	--	--

CONTINUED ADDRESS					
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CITY 1		STATE		ZIP	
--------	--	-------	--	-----	--

CURRENT CALL SIGN 2		FAC ID		SERVICE	
---------------------	--	--------	--	---------	--

LICENSEE 2 NAME					
-----------------	--	--	--	--	--

MAILING ADDRESS 2					
-------------------	--	--	--	--	--

CONTINUED ADDRESS					
-------------------	--	--	--	--	--

CITY 2		STATE		ZIP	
--------	--	-------	--	-----	--

REQUESTED CALL SIGN 1		SERVICE		EFFECTIVE DATE	
REQUESTED CALL SIGN 2		SERVICE			

The applicant submitting this request is authorized to certify that neither licensee nor any shareholder, officer, or director thereof, is subject to a denial of federal benefits, including FCC benefits, pursuant to section 5301 of the ANTI-DRUG ABUSE ACT of 1988, 21 U.S.C. section 853(a).

Each licensee consents to this exchange and confirms that it is the primary holder of its call sign.

### LICENSEE 1 APPLICANT/REPRESENTATIVE

NAME	
------	--

Check here if applicant address is same as licensee 1 (if you don't want to fill in below).

ORGANIZATION	
--------------	--

STREET ADDRESS	
----------------	--

CONTINUED ADDRESS	
-------------------	--

CITY		STATE		ZIP	
------	--	-------	--	-----	--

PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
FRN:			<input type="text"/>	PASSWORD:	<input type="text"/>

<u>S</u> UBMIT REQUEST	<u>R</u> ESET
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[HELP](#)



**FCC CALL SIGN REQUEST RESULT**

CALL SIGN REQUEST #34521 has been submitted.  
A change notification will be sent to the LICENSEE, the  
APPLICANT/REPRESENTATIVE, and the PRIMARY CALL SIGN HOLDER  
within 2-3 business days.

<p><b>FEE PAYMENT REQUIRED.</b> This number (<b>34521</b>) must be displayed in the FCC Code 2 field on the 159 Form. Click the 159 Button to process via credit card -or- to print the prefilled 159 form.</p>	<p><b>Mail 159 Form with payment to: Federal Communications Commission Media Services P. O. Box 358165 Pittsburgh, PA 15251-5165</b></p>
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FORM 159

[HELP](#)



**Federal Communications Commission**

**FCC CALL SIGN REQUEST RESULT**

CALL SIGN REQUEST #34521 has been submitted.  
A change notification will be sent to the LICENSEE, the  
APPLICANT/REPRESENTATIVE , and the PRIMARY CALL SIGN HOLDER  
within 2-3 business days.

[HELP](#)