

INSTRUCTIONS FOR FCC Form 327

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION LICENSE

- A. Use this form when applying for a Cable Television Relay Service (CARS) station license.
- B. Enter the applicant's ten-digit FCC Registration Number (FRN) assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC website at <http://www.fcc.gov> or by manually submitting FCC Form 160. FCC Form 160 is also available for downloading from the FCC website at <http://www.fcc.gov/formpage.html>, and by calling 800-418-FORM (3676) or dialing (202) 418-0177 from the fax-on-demand service.
- C. Applicants for:

New License. File a complete set of schedules and requested exhibits.

Modification. File Schedule A and any schedules and exhibits which describe the proposed modification. Be sure to complete item 1(b).

Amendment. File Schedule A and any schedules and exhibits which describe the amendment of the pending application. Be sure to complete item 1(b).

Renewal. File Schedule A and any schedules and exhibits necessary to indicate any engineering or legal changes since the last license application. Any changes that did not require prior Commission authorization should be reflected in the renewal application by the appropriate schedules and exhibits. In item 5 indicate whether any engineering or legal changes have been made since the last license application. (Note: Questions 3, 6, and 7 of Schedule A need not be completed if there have been no changes relating to these questions since the last license application filed with the Commission.)

Transfer of Control or Assignment of License. File Schedule A, Schedule B (Sections I and II), and the requested exhibits. The transferee or assignee must complete Schedule A and Section I of Schedule B. The licensee must complete Section II of Schedule B. For the transferee or assignee, include a family tree showing as indicated in Schedule B, Section I(2).

This form should be mailed to the following address: **Federal Communications Commission
Media Bureau
P.O. Box 358205
Pittsburgh, PA 15251-5205**

Submit a copy along with the original application. The application should be accompanied by the fee required by 47 C.F.R. § 1.1106 and FCC Form 159.

- D. If the applicant is:
- An Individual:** This form shall be signed by the applicant personally.
 - A Partnership:** This form shall be signed by a member of the partnership.
 - A Corporation or Association:** This form shall be signed by an officer of the applicant.
 - A Governmental Entity:** This form shall be signed by an official of the applicant.

Sign in the space provided on Schedule A. Signing this form certifies that the person who signs the form is familiar with the contents of this form and all associated exhibits and supports and approves the representations made therein on behalf of the applicant. If the applicant is physically disabled or is absent from the United States, the application should be signed by the applicant's attorney. In the event the attorney signs for the applicant, include a statement setting forth the reason why the application is not signed by the applicant. In addition, if any matter is stated on the basis of the attorney's belief only (rather than the attorney's knowledge), the attorney shall separately set forth reasons for believing that such statements are true.

- E. Answer all items, and furnish all necessary information. For any items of the applications that are not applicable, write "N.A." Deficient or incomplete applications may be returned without consideration. When supplied, the Social Security Number will be used solely as a unique identifier within the Commission's systems of records alone. Disclosure of a Social Security Number is solicited under 47 C.F.R. § 78.15(a) and 47 U.S.C. §§ 4(i), 4(j), 303(r) and 308.
- F. When an abbreviation of a state is required, use the United States Postal Service abbreviations.
- G. All heights and distances should be indicated in metric units (meters or kilometers).

- H. Minor changes do not require a fee (e.g., any name change not involving change in ownership or control of the license, or any change to administrative information such as address, telephone number, or contact person, or any minor amendments or modifications such as lowering power; removing one or more channels, deleting a path, etc.).
- I. Refer to specific instructions for each schedule.

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 form. We will use the information provided in the application to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application 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 application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; (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 form, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

We have estimated that each response to this collection of information will take 3 hours, on average. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the 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 (3060-0055), Washington, DC 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**. 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 of if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0055.

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 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.



**FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554**

**APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION
LICENSE**

FCC Form 327

SCHEDULE A. Type of Application, Applicant Information, Contact Information, and Station Record Information

1. (a) Type of Application: (Check only one box)

- New License
- Major Amendment of Application
- Transfer of Control
- Minor Amendment of Application
- Assignment of License
- Modification of License
- Renewal of License

**(b) Type(s) of Amendment(s) or Modification(s):
(Check the appropriate the box(es)).**

- Add Channel(s)
- Change Antenna Height
- Change Transmitter
- Change Antenna Structure Height
- Change Transmit Site
- Change Antenna System
- Increase Operating Power
- Add Receive Site(s)
- Change Emission Code
- Change Receive Site(s)
- Minor Modifications
- Other (specify in item 8)

(c) If this application modifies an existing station, provide the call sign: _____

If this application amends a pending application, provide the file number: _____

2. (a) Applicant Information

FRN		EIN or SSN	
Legal Name		Business Name (if applicable)	
Mailing Address			
City	State	Zip Code	Telephone ()

(b) Contact Information

Contact Name		Business Name	
Mailing Address		E-mail Address	
City	State	Zip Code	Telephone ()

(c) Address where Station's Records will be Maintained

Address			
City	State	Zip Code	Telephone ()

	YES	NO
<p>3. Will the applicant provide program material to eligible systems other than those which the applicant owns or operates?</p> <p>If "YES," attach as Exhibit A-1 a copy of a written contract specifying that service will be provided on a non-profit, cost-sharing basis; or a copy of a written statement specifying that service will be provided without charge.</p>		
<p>4. (a) Has the applicant or any of its controlling parties had any FCC station license, permit, or authorization revoked?</p> <p>If "YES," attach as Exhibit A-2 a statement identifying the license, permit, or authorization revoked and the circumstances relevant to the revocation.</p>		
<p>(b) Is the applicant or any of its partners, members, or owners, a foreign government or the representative thereof?</p>		
<p>5. If this is a renewal, indicate whether legal or engineering changes have been made since the last license application.</p>		
<p>6. Attach as Exhibit A-3 a statement showing that the applicant is eligible pursuant to 47 C.F.R. § 78.13 to be a licensee.</p>		
<p>7. For a new station or major change, (e.g., a change in azimuth or transmit antenna or an increase in power or frequency, etc.) attach as Exhibit A-4 a statement or showing detailing the results of a frequency coordination study performed pursuant to 47 C.F.R. § 78.36 by a technically qualified person or entity (e.g., local coordinating committees, frequency coordinator, etc.).</p>		
<p>8. List all attachments, exhibits, and or specifications that will be included on this schedule:</p>		

CERTIFICATION

All the statements made in this application and attached exhibits are considered material representations, and all the exhibits are a material part hereof and are incorporated herein as if set out in full in the application.

The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to 47 C.F.R. § 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 47 C.F.R. § 1.2002(c). See 47 C.F.R. § 1.2002(b) for the definition of "party to the application" as used in this certification.

The applicant certifies that the applicant has a current copy of the Commission's rules governing the Cable Television Relay Service (CARS).

The applicant waives any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same whether by license or otherwise and requests an authorization in accordance with this application.

<p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH. See 18 U.S.C. § 1001.</p>	<p>I 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.</p>
<p>Print Full Name</p>	<p>Print Title</p>
<p>Signature</p>	<p>Date (mm/dd/yyyy)</p>

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION LICENSE

SCHEDULE B. Control and Ownership Information *(The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)*

SECTION I. Control and Ownership

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the entity (if the entity has no EIN use Social Security Number (SSN)), the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); the Internal Revenue Service Employer Identification Number (EIN) used by the entity (if the entity has no EIN, use the applicant's Social Security Number (SSN)). If the entity is a non-governmental corporation, indicate the state under whose laws the corporation is organized.

Legal Name (if person, last name first)	EIN or SSN	Entity Code	State

2. Attach as **Exhibit B-1** the information requested of the applicant in item 1 for each entity which either directly or indirectly controls the applicant. Place this information in a detailed block diagram or family tree showing the direct or indirect control of the applicant, including percentage of control, including the final controlling entity or entities. The final controlling entity or entities should be specifically identified.

SECTION II. Assignment of License or Transfer of Control

Attach as **Exhibit B-2** a statement describing the proposed assignment of license or transfer of control. The assignment of license or transfer of control shall not be completed until authorized by the Commission. The Commission must be notified of consummation no later than 30 days after it occurs.

Licensee Information

FRN			
Legal Name (if person, last name first)	Business Name		
Mailing Address	City	State	Zip Code
Telephone No. ()	E-mail Address		
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH. <i>See 18 U.S.C. § 1001.</i>			
Print Full Name	Print Title		
Signature			Date (mm/dd/yyyy)

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION LICENSE

SCHEDULE C. Transmit Site Data

Fixed

Transmitter Make and Model	Second Transmitter Make and Model (if applicable)	
If the structure is proposed, indicate the call sign of any AM non-directional stations located within 1.0 km or directional AM stations within 3.0 km of the proposed structure:		
Overall height above ground level (OHAGL) of structure with appurtenances (in meters):	OHAGL of structure without appurtenances (in meters):	Height of ground above mean sea level (AMSL) (in meters):
Note: All geographic coordinates must be in NAD 83.		
Latitude (dd-mm-ss.s) <i>(Circle one.)</i> North or South	Longitude (ddd-mm-ss.s) <i>(Circle one.)</i> East or West	
Mode of Operation <i>(Circle one.)</i> Attended Unattended Remote Control		Structure Code:

Mobile *(See Instructions for defining service area)*

Transmitter Make and Model	Second Transmitter Make and Model (if applicable)	
Latitude (Northwest Corner) (dd-mm-ss.s) <i>(Circle one.)</i> North or South	Longitude (Northwest Corner) (ddd-mm-ss.s) <i>(Circle one.)</i> East or West	
Latitude (Southeast Corner or Center of System) (dd-mm-ss.s) <i>(Circle one.)</i> North or South	Longitude (Southeast Corner or Center of System) (ddd-mm-ss.s) <i>(Circle one.)</i> East or West	
Radius (in kilometers):		

Site Information

Site Community Name	FCC Antenna Structure Registration Number or N/A (FAA Notification not Required):	
Location (street address or distance and direction outside the community)	County/Borough/Parish	State

- If the applicant proposes construction of a major communications facility as defined in Part 1, Subpart I of the Commission's Rules, attach as **Exhibit C-1** a statement containing the information required in Part 1, Subpart I.
- If these facilities will be mounted on an antenna support structure previously authorized by the Commission, indicate the tower registration number in the appropriate box of this page or include as **Exhibit C-2** a statement establishing why registration is not required.
- Construction of certain structures and alterations to structures may require notification to the Federal Aviation Administration (FAA). (See 47 C.F. R. § 17.7.) If such a notification was made and the construction or alteration is proposed, attach as **Exhibit C-3** a copy of such notification or FCC Form 854.
- If this application may have a significant environmental effect as defined in 47 C.F.R. § 1.1307, attach as **Exhibit C4** an Environmental Assessment prescribed by 47 C.F. R. § 1.1311.

Schedule C Instructions

Structure Codes: Enter the code for the type of structure on which the antenna is or will be mounted from the following choices:

Code	Definitions	Code	Definitions
B	Building with a side mounted antenna	PIPE	Any type of pipe
BANT	Building with antenna on top	POLE	Any type of pole, used only to mount an antenna
BMAST	Building with mast/antenna on top	RIG	Oil or other type of rig
BPIPE	Building with pipe/antenna on top	SIGN	Any type of sign or billboard
BPOLE	Building with pole/antenna on top	SILO	Any type of silo
BRIDG	Bridge	STACK	Smoke stack
BTWR	Building with tower/antenna on top	TANK	Any type of tank (water, gas, etc.)
MAST	Self-support structure	TOWER	A free standing or guyed structure used for communications purposes
NNTANN*	Antenna tower array	UPOLE	Utility pole/tower used to provide service (electric, telephone, etc.)
NTOWER**	Multiple structures		

* **Valid Tower Arrays.** Code definition: The first NN indicates the number of towers in an array. The second NN is optional and indicates the position of that tower in the array (e.g., 3TA2 would identify the second tower in a three-tower array).

** **Valid Multiple Structures.** Code definition: The N indicates the number of structures where multiple antenna structures are present in a multiple structure (ex.: 2TOWER, 3TANK, 6BANT, 7BMAST).

Mobiles – Must define service area. You can not apply for more than one service area in this application. Service area will be either a rectangle or a circle. The receive site(s) may be located anywhere within the service area. The coordinates for the receive site(s) shall be specified in Schedule(s) D.

- **Rectangular service area:** Enter the coordinates of the northwest and southeast corners of the service area.
- **Circular service area:** Enter the coordinates of the center of the system and the radius.
- **“Site Community Name”:** Indicate the TV market served, as identified in 47 C.F.R. § 76.51.

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION LICENSE

SCHEDULE D. Receive Site Data

Site Number: _____

Transmit Antenna Make and Model	Center-Line Height Above Ground Level (in meters):
Receive Antenna Make and Model	Center Line Height Above Ground Level (in meters):
Reflector Size (if applicable) Height (in meters): X Width (in meters):	
Second Transmit Antenna Make and Model (if applicable)	Center-Line Height Above Ground Level (in meters):
Second Receive Antenna Make and Model (if applicable)	Center-Line Height Above Ground Level (in meters):
If the structure is proposed, indicate the call sign of any AM non-directional stations located within 1.0 km or directional AM stations within 3.0 km of the proposed structure:	
Overall height above ground level (OHAGL) of structure with appurtenances (in meters):	OHAGL of structure without appurtenances (in meters): Height of ground above mean sea level (AMSL) (in meters):
Note: All geographic coordinates must be in NAD 83.	
Latitude (dd-mm-ss.s)	(<i>Circle one.</i>) North or South
Longitude (ddd-mm-ss.s)	(<i>Circle one.</i>) East or West
Transmitting Azimuth (ddd.d °T)	Path Distance (in kilometers): Structure Code:

Site Information

Site Community Name	FCC Antenna Structure Registration Number or N/A (FAA Notification not Required):		
Location (street address or distance and direction outside the community)	County/Borough/Parish	State	

- If the applicant proposes construction of a major communications facility as defined in Part 1, Subpart I of the Commission's Rules, attach as **Exhibit D-1** a statement containing the information required in Part 1, Subpart I.
- If these facilities will be mounted on an antenna support structure previously authorized by the Commission, indicate the tower registration number at the bottom of this page or include as **Exhibit D-2** a statement establishing why registration is not required.
- Construction of certain structures and alterations to structures may require notification to the Federal Aviation Administration (FAA). (See 47 C.F.R. § 17.7.) If such a notification was made and the construction or alteration is proposed, attach as **Exhibit D-3** a copy of such notification or FCC Form 854.
- If this application may have a significant environmental effect as defined in 47 C.F.R. § 1.1307, attach as **Exhibit D4** an Environmental Assessment prescribed by 47 C.F. R. § 1.1311.

Schedule D Instructions

Complete a Schedule D for each receive, repeater, or intercept site.

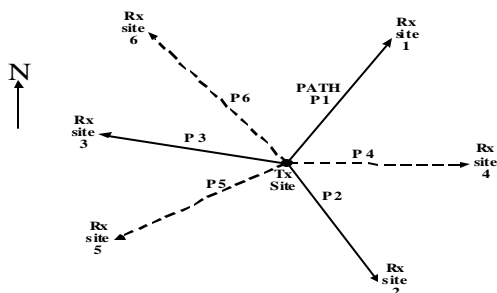
Path and Receive Site Numbering. Paths and receive sites shall be numbered consecutively starting clockwise from true north.

Example 1: Adding Path(s). The dotted lines show proposed paths and their numbering scheme.

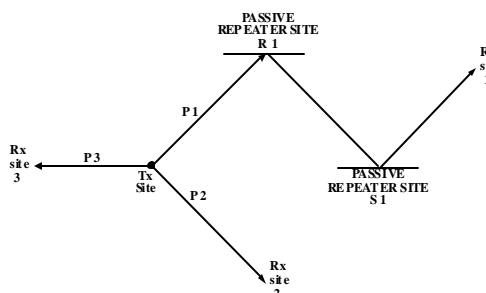
Example 2: Passive Repeater(s). A passive repeater site shall be numbered with the same path number as the total path but shall be prefixed with an R. The second repeater shall be numbered similarly but prefixed with an S.

Example 3: Intercept(s). An intercept site shall be numbered with the same path number as the total path but shall be prefixed with an I. The second intercept shall be numbered similarly but prefixed with a J.

Example 1: Adding Paths



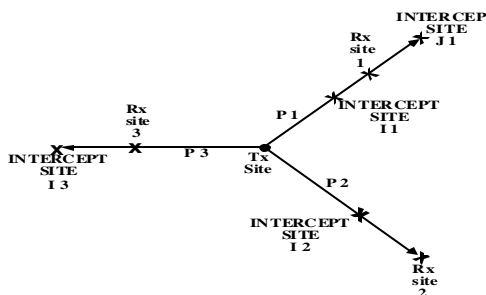
Example 2: Passive Repeaters



Legend

———— EXISTING PATHS
 - - - - - PROPOSED PATHS

Example 3: Intercepts



Center-Line Height is defined to be the distance from the ground to the center of the antenna.

Structure Codes: Enter the code for the type of structure on which the antenna is or will be mounted from the following choices:

Code	Definitions	Code	Definitions
B	Building with a side mounted antenna	PIPE	Any type of pipe
BANT	Building with antenna on top	POLE	Any type of pole, used only to mount an antenna
BMAST	Building with mast/antenna on top	RIG	Oil or other type of rig
BPIPE	Building with pipe/antenna on top	SIGN	Any type of sign or billboard
BPOLE	Building with pole/antenna on top	SILO	Any type of silo
BRIDG	Bridge	STACK	Smoke stack
BTWR	Building with tower/antenna on top	TANK	Any type of tank (water, gas, etc.)
MAST	Self-support structure	TOWER	A free standing or guyed structure used for communications purposes
NNTANN*	Antenna tower array	UPOLE	Utility pole/tower used to provide service (electric, telephone, etc.)
NTOWER**	Multiple structures		

* **Valid Tower Arrays.** Code definition: The first NN indicates the number of towers in an array. The second NN is optional and indicates the position of that tower in the array (e.g., 3TA2 would identify the second tower in a three-tower array).

** **Valid Multiple Structures.** Code definition: The N indicates the number of structures where multiple antenna structures are present in a multiple structure (ex.: 2TOWER, 3TANK, 6BANT, 7BMAST).

Schedule E Instructions

Path Number(s): Place the path numbers(s) from the corresponding Schedule(s) D here. Include on one Schedule E all paths that have identical programming. Attach additional schedules for each path that has different programming.

Channel Designator: List the channel for each path by its designator, including channel group, or frequency band in GHz.

Call Sign of TV Station, Programmer Name, or Code: Indicate the call sign of the television broadcast station, the programmer name (e.g., HBO, ESPN, CNN, etc.), or code of the content to be relayed on each microwave channel during the majority of the transmitting hours. If more than one television broadcast station or other programming is to be carried on a microwave channel, use multiple rows in this schedule. If a microwave channel will relay the signals of AM or FM radio broadcast stations during the majority of the transmitting hours, enter the code letters AM or FM, whichever is appropriate, adjacent to the microwave channel used. Attach as **Exhibit E2** a statement indicating whether the radio signals relayed will be all band. When necessary, provide the appropriate code from below that best describes the programming type.

Codes

- Cable Modem - CM
- Control Signal-CS
- Data-DA
- Educational Access-EA
- Governmental Access-GA
- Leased Access-LA
- Public Access-PA
- System Automated -SA
- Other-OT

Emission Designator: Indicate the emission designator of the transmitter for each channel (e.g., 5M75C3F/250KF3E, 20M0F3W, N0N, 6M00D7W, 12M5F8W, 25M0F8W).

Polarization: Horizontal (**H**), vertical (**V**), or circular (**C**).

Antenna Input Power: Associate with each channel designator the antenna input power in dBm (after waveguide and multiplexing losses) for that particular channel.

Note: A separate Schedule E is not needed for passive repeater sites or intercepts.