

NTIA APPLICATION FORM

**Low-Power Television and Translator
Digital-to-Analog Conversion Program**

DRAFT 7/9/07

1. Applicant/Licensee _____

Address _____

Address _____

City _____ State _____ Zip _____ County _____

DUNS # _____ EIN # _____

Congressional District of Licensee _____ (this can only be one number)

Is applicant delinquent on Federal debt? yes no

If yes, explain _____

Is applicant is a non-profit corporation organized under IRS 501(c) [excluding (c)(4)]

yes no

Type of Applicant [Enter One] _____

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Non-Profit O. Other
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Contact Name _____ Title _____

Email _____ Phone # _____

Applicants applying for the Digital-to-Analog Conversion Program, must complete sections 2 and 3, and are requested to complete optional section 4.

(If you are not applying for the Digital-to-Analog Conversion Program, but wish to provide information to assist NTIA in planning for the Digital Upgrade Program, please also complete sections 2 and 4).

2. Identify the Low-Power Television Station that is the subject of this application.

(Low power television stations, translators, Class A facilities and boosters)

- a. Call letters_____ City of license_____ State_____ FCC facility number_____
- b. Applicant Station receives corresponding full-power digital TV station (call letters)_____ _____ directly off-air, (conversion device will be co-located with Station transmission site) _____ pick-up at head end (conversion device will be located at head end) _____ signal delivered to Station transmission site via Microwave (FCC #)_____ _____ Full-power station signal delivered to Facilities Transmission site via analog translator in "Daisy Chain" _____ Full-power station signal delivered to Facilities Transmission site via Satellite _____ Full-power station signal delivered to Facilities Transmission site via other means Explanation_____
- c. The facility is licensed by the FCC. _____ yes _____ no
- d. The facility filed an application for a license to cover on_____ [date].
- e. The facility is broadcasting exclusively in analog, (has not activated a digital Companion Channel or digital Flash Cut). _____ yes _____no
- f. The facility has not purchased a digital-to-analog conversion device prior to 2/08/2006. ___yes ___no
- g. The low-power station serves a rural area of less than 10,000 viewers (within the station's FCC 50/50 contour). Yes_____ No_____

3. Certification: The applicant certifies that the above information is true and that it will comply with the Department of Commerce Standard Terms and Conditions for grants, as applicable for this award, and the provisions set forth in the [insert date of] Federal Register Notice and Federal Funding Opportunity Notice regarding this program. Additionally, for each station for which funds are requested, the applicant certifies that the low-power station:

- a. is licensed by the FCC, or has filed an application for license on as described above, and
- b. is broadcasting exclusively in analog, [has not activated a Companion Channel or digital Flash Cut), and
- c. did not purchase a digital-to-analog conversion device prior to February 8, 2006.

Signed_____

Date_____

4. Optional Information for future Digital Upgrade Program (upgrade transmission to digital)

- a. **Translator:** model # _____ power level of transmitter _____
Age of transmitter _____ Tube _____ Solid State _____
Is the translator capable of digital conversion? _____yes _____no _____do not know
What filters would be required? _____none _____do not know
- b. **Transmit Antenna:** model# _____ # bays _____
Channel # _____ Planning to change to channel _____ N/A _____
- c. **Site:**
Any accessibility issues? _____
Any electrical limitations at site? _____
Can the facility house a digital transmitter? _____
Has a study been done to determine what interference might be a concern for the site or the daisy chain, if applicable? _____ yes _____no _____do not think this is an issue
- d. Located in a community of less than 20,000 inhabitants _____yes _____no
- e. Serves a rural area of less than 10,000 viewers (within the station's FCC 50/50 contour) _____yes _____no.
- f. Interested in applying for the §3009 program in the future. _____yes _____no _____do not know

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