

FOR  
FCC  
USE  
ONLY

**FCC 335-AM**  
**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)	
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.  Primary digital sideband power has been reduced by \_\_\_\_\_ dB from the iBiquity specified level.  Exhibit No. \_\_\_\_\_  
 N/A Explain necessity for reduction.

7. Licensee certifies its facilities conform to the iBiquity Digital Corporation hybrid specifications:  Yes  No

8. 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

**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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