

New Digital Class A TV Station Construction Permit Application  
General Information Approved by OMB 3060-0027  
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\* Indicates required field

**Application Description**  
Description of the application(255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

**Attachments**  
\* Are attachments (other than associated schedules) being filed with this application?  
 Yes  No

- APPLICATION SECTIONS
- ➔ General Information
  - Fees, Waivers, and Exemptions
  - Applicant Information
  - Contact Representatives
  - Alien Ownership
  - Basic Qualifying Questions
  - Channel and Facility Information
  - Antenna Location Data
  - Antenna Technical Data
  - Parties to the Application
  - Attributable Interest
  - Construction Permit Certifications
  - Legal Certifications
  - Application Summary
  - Certify

### New Digital Class A TV Station Construction Permit Application Fees, Waivers and Exemptions

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#### Fees

- \* Is the applicant exempt from FCC Application Fees?  
 Yes  No
- \* Is the applicant exempt from FCC regulatory Fees?  
 Yes  No

#### Waivers

- \* Does this filing request a waiver of the Commission's rule(s)?  
 Yes  No

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Applicant Information Approved by OMB 3060-0027  
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**Authorization Holder Name**  
 Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Applicant Name and Type**

\* Applicant Type:   
\* Company Name:   
Doing Business As:

**Applicant Information**

Attention To:   
\* Country:   
PO Box:  *Either PO Box or Address Line 1 is required*  
\* Address Line 1:   
Address Line 2:   
\* City:   
\* State:   
\* Zip Code:   
\* Phone:

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**Contact Type**

\* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

**Contact Name**

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:

**Contact Information**

Attention To:

\* Country:

PO Box:  Either PO Box or Address Line 1 is required.

\* Address Line 1:

Address Line 2:

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## Alien Ownership

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\* 1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?  
 Yes  No [Clear](#)

\* 2) Is the applicant subject to the provisions set forth under Section 310(b) of the Communications Act, for a broadcast, common carrier, aeronautical en route, or aeronautical fixed radio station Authorization?  
 Yes  No [Clear](#)

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Basic Qualifying Questions Approved by OMB 3060-0027 [FAQ](#) [Save & Quit](#)

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**Revoked Authorization**  
\* Has the Applicant or any party to this application had any FCC station Authorization revoked or had any application for an initial, modification or renewal of FCC station Authorization denied by the Commission?  
 Yes  No [Clear](#)

**State or Federal Convictions**  
\* Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?  
 Yes  No [Clear](#)

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\* City: Enter City  
\* DTV Channel: Select...  
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## Antenna Location Data

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**Antenna Structure Registration**

\*Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes  No

**Coordinates (NAD83)**

Coordinates for each Site must be unique.

\*Latitude (NAD83):

DD	MM	SS.S	Direction
<input type="text"/>	<input type="text"/>	<input type="text"/>	N+

\*Longitude (NAD83):

DDD	MM	SS.S	Direction
<input type="text"/>	<input type="text"/>	<input type="text"/>	W

\*Structure Type:

\*Overall Structure Height:  meters

\*Support Structure Height:  meters

\*Ground Elevation (AMSL):  meters

**Antenna Data**

\*Height of Radiation Center Above Ground Level:  meters

\*Height of Radiation Center Above Mean Sea Level:  meters

\*Effective Radiated Power:  kW

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### Antenna Technical Data

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**Antenna Type**

\* Please select an antenna type:

- Directional Custom
- Non-Directional
- Off the Shelf

**Antenna Manufacturer and Model**

\* Manufacturer:

\* Model:

\* Beam Tilt: \* Electrical Beam Tilt  Not Applicable \* Mechanical Beam Tilt  Not Applicable

\* Polarization:  Horizontal  Circular  Elliptical

**Elevation Radiation Pattern**

\* Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?

Yes  No [Clear](#)

\* Out-of-Channel Emission Mask:

- Full Service
- Simple
- Stringent

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Add Party to the Application

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View Parties to the Application

Please provide the following information for each party to the application holding an attributable interest. If a corporation or partnership holds an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members.

Applicant Party Name and Positional Interest

\* Positional Interest: Select...

\* Citizenship: United States

\* Percentage of Votes: 0 %

\* Percentage of Total Assets (equity plus debt): 0 %

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:

Party Contact Information

\* Country: United States

PO Box:  Either PO Box or Address Line 1 is required.

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**Equity and Financial Interests**

\* Applicant certifies that equity and financial interests not set forth by the applicant parties are non-attributable.

Yes  No  N/A

**Other Authorizations**

\* Does the applicant or any party to the application have an attributable interest in any other broadcast station(s).

Yes  No  N/A

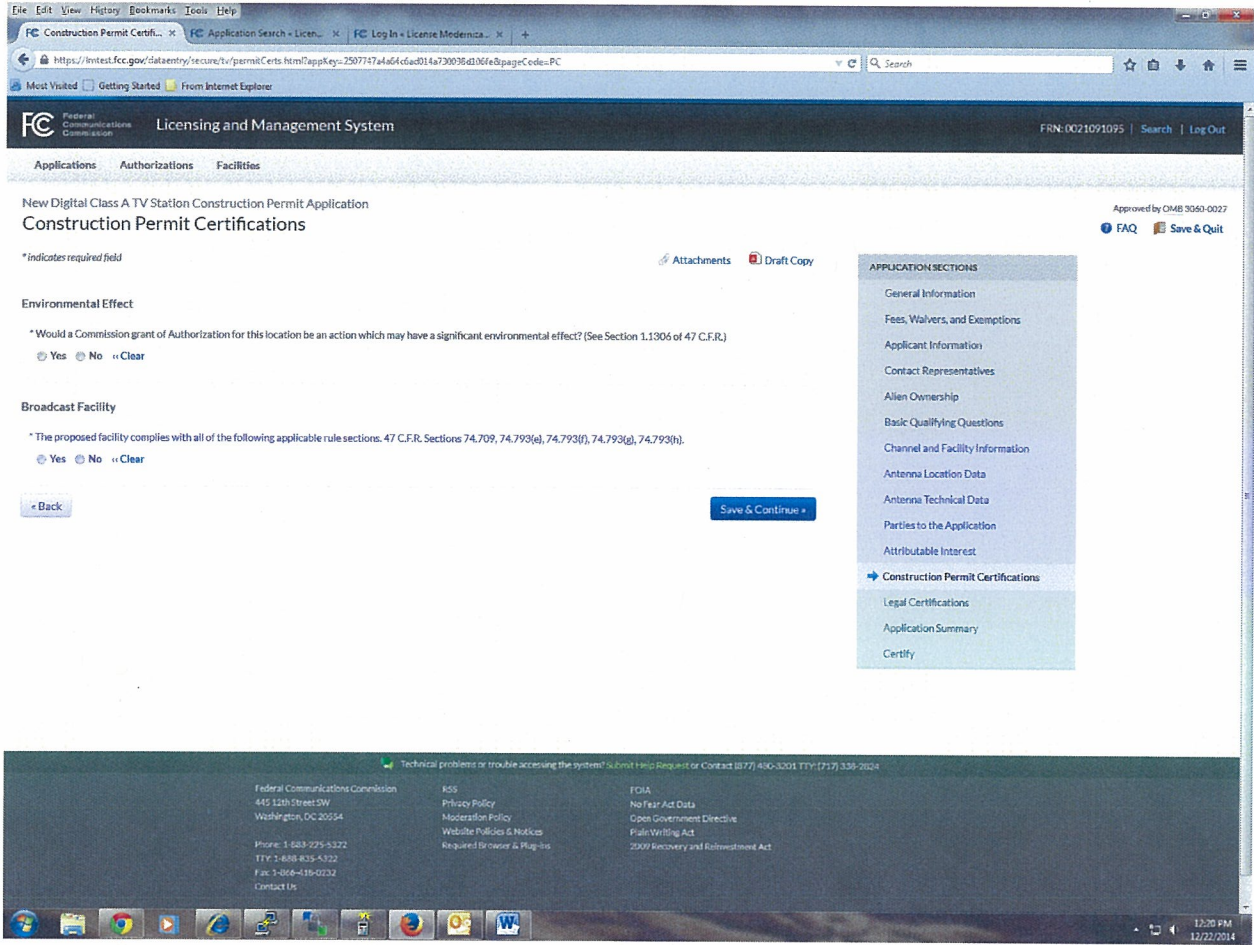
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**Character Issues**

\* Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with:

(a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or

(b) any pending broadcast application in which character issues have been raised.

Yes  No

**Adverse Findings**

\* Has the Applicant or any party to this application had an adverse finding or an adverse final action taken by any court or administrative body in a civil or criminal proceeding brought under any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

Yes  No

**Program Service Certification**

\* Applicant certifies that it is cognizant of and will comply with its obligations as a Commission licensee to present a program service responsive to the issues of public concern facing the station's community of licensee and service area.

Yes  No

**Local Public Notice**

\* Applicant certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580.

Yes  No

**Equal Employment Opportunity (EEO)**

\* If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this application a Model EEO Program Report.

Yes  No  N/A

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Continued Eligibility

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## Certification

### General Certification Statements

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).

The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §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 §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

### **Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID**

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).**

I certify that this application includes all required and relevant attachments.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

## **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each response to this collection of information will take 8.25 hours. 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 (3060-0932), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@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 or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0932.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK  
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