

FOR
FCC
USE
ONLY

FCC 335-FM
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. Effective Radiated Power:

Analog: _____ kilowatts

Digital: _____ kilowatts

Transmitter Power Output:

Combined (for low-level combined systems): _____ kilowatts

Analog (for separate analog systems): _____ kilowatts

Digital (for separate digital systems): _____ kilowatts

7. Licensee certifies that, except for digital power, its facilities conform to the iBiquity Digital Corporation hybrid specifications: Yes No

8. Licensee certifies its analog effective radiated power will remain as authorized after commencement of digital operations: Yes No

If No, Explain.

Exhibit No.

9. 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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