

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION  
APPLICATION FOR AN INTERNATIONAL, EXPERIMENTAL TELEVISION,  
EXPERIMENTAL FACSIMILE, OR A DEVELOPMENTAL BROADCAST  
STATION LICENSE

**INSTRUCTIONS**

**A.** This form is to be used in all cases when applying for an International, Experimental Television, Experimental Facsimile, or a Developmental Broadcast Station License.

**B.** Prepare and file three copies of this form and all exhibits. File with the Federal Communications Commission, Washington, D.C. 20554.

**C.** Number exhibits serially in the space provided in the body of the form and list each exhibit in the space provided on page 3 of this form. Date each exhibit.

**D.** The name of the applicant must be stated exactly as it appears on the construction permit which is being covered.

**E.** Information called for by this application which is already on file with the Commission need not be refiled in this application provided (1) the information is now on file in another application or FCC Form filed by or behalf of this applicant; (2) the information is identified fully by reference to the file number (if any), the FCC form number, and the filing date of the application or other form containing the information and the page or paragraph referred to, and (3) after making the reference, the applicant states: "No change since date of filing." Any such reference will be considered to incorporate into this application all information, confidential or otherwise, contained in the application or other form referred to. The incorporated application or other form will thereafter, in its entirety, be open to the public.

**F.** This application shall be personally signed by the applicant, if the applicant is an individual; by one of the partners, if the applicant is a partnership; by an officer, if the applicant is a corporation; by a member who is an officer, if the applicant is an unincorporated association; by such duly elected or appointed officials as may be competent to do so under the laws of the applicable jurisdiction, the applicant is an eligible government entity; or by the applicant's attorney in case of the applicant's physical disability or of his absence from the United States. The attorney shall, in the event he signs for the applicant, separately set 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 his knowledge), he shall separately set forth his reasons for believing that such statements are true.

**G.** BE SURE ALL NECESSARY INFORMATION IS FURNISHED AND ALL PARAGRAPHS ARE FULLY ANSWERED. IF ANY PORTIONS OF THE APPLICATION ARE NOT APPLICABLE, SPECIFICALLY SO STATE. DEFECTIVE OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION.

(FOR COMMISSION USE ONLY)

Name of applicant (See instruction D)

Street Address

City

State

ZIP Code

Name and address of person to whom communications should be sent, if different from above.

Name

Street Address

City

State

ZIP Code

**1. Construction permit covered by this application**

|             |               |           |
|-------------|---------------|-----------|
| File number | Date of grant | Call sign |
|-------------|---------------|-----------|

|                 |          |
|-----------------|----------|
| Type of station | Location |
|-----------------|----------|

|                    |                        |
|--------------------|------------------------|
| Construction begun | Construction completed |
|--------------------|------------------------|

Is the station now in satisfactory operating condition and ready for regular operation? If the answer is "No", explain

Yes  No

**2. Transmitting apparatus installed**

|      |          |
|------|----------|
| Make | Type No. |
|------|----------|

**Transmitter location**

|       |        |
|-------|--------|
| State | County |
|-------|--------|

|              |                   |
|--------------|-------------------|
| City or town | Street and number |
|--------------|-------------------|

**Geographical coordinated**

|                |                |
|----------------|----------------|
| North latitude | West longitude |
|----------------|----------------|

**3. Facilities authorized by construction permit**

| Call Sign | Frequency <sup>1/</sup> | Hours of operation | Power <sup>2/</sup> | Necessary bandwidth (kc) | Type of emission <sup>3/</sup> |
|-----------|-------------------------|--------------------|---------------------|--------------------------|--------------------------------|
|           |                         |                    |                     |                          |                                |
|           |                         |                    |                     |                          |                                |

<sup>1/</sup> Not required of International Broadcast Stations.

<sup>2/</sup> For amplitude modulation television (AM), give maximum antenna input power during synchronizing pulses. If particulars are not fully described above, such as aural and visual carrier frequencies and power for television and type of emission, etc., supply this information as Exhibit No. . Developmental stations using amplitude modulation or frequency modulation, give unmodulated antenna input power. For other types of emission, give a full description of method of determining power as Exhibit No. . Describe in Exhibit No. means which will be used for determining and maintaining power output of the transmitter to the values specified.

<sup>3/</sup> See Part 2 of the Commission's Rules and Regulations.

4. Attach as Exhibit No. \_\_\_\_\_ a sketch and dimensions of antenna system.

5. Frequency monitor

|      |          |
|------|----------|
| Make | Type No. |
|------|----------|

By what method and how often will regular checks of the calibration of the frequency monitor be repeated?

Give the following data on the calibration of the frequency

| Date and time | Name of checking agency or method used |
|---------------|--|
| 1.            |  |
| 2.            |  |
| 3.            |  |
| 4.            |  |

  

| Frequency measured by such agency or method | Monitor reading high or low |
|---|-----------------------------|
| 1.  |                             |
| 2.  |                             |
| 3.  |                             |
| 4.  |                             |

6. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

**THE APPLICANT** waives any claim to the use of any particular frequency or of the ether as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with the application. (See Section 304 of the Communications Act of 1934.)

**THE APPLICANT**, or the undersigned on the applicant's behalf, states that he has endeavored to supply full and correct information as to all matters which are relevant to this application and that he has done so as to all matters within his own knowledge.

**CERTIFICATION**

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.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

.....  
(Name of Applicant)

By .....  
(Signature)

Title .....

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE**

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

We have estimated that each response to this collection of information will take 6 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 burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to [pra@fcc.gov](mailto:pra@fcc.gov) or send them to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1035), Washington, DC 20554. 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 3060-1035.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**

**EXHIBITS furnished as required by this form:**

| Exhibit No. | Para. No. | Name of officer or employee (1) by whom or (2) under whose direction exhibit was prepared (show which) | Official title |
|-------------|-----------|--|----------------|
|             |           |  |                |