

Transition Progress Report
General Information

Approved by OMB 3060-00:
December 20
[FAQ](#) [Save & Qu](#)

* indicates required field

[Attachments](#) [Draft Copy](#)

✘ Please enter all required information.

Filing Information

* Filing Type:

- Quarterly
- 10 weeks before the end of the assigned construction deadline for the station
- 10 days after the construction of the post-auction facilities have been completed
- 5 days after the station has ceased operation on pre-auction channel

* Report reflects information for quarter:

APPLICATION SECTIONS

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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.

Uploaded Attachments

✘ Required Question - Please Respond.

* Are attachments (other than associated schedules) being filed with this application?

Yes No [Clear](#)



[Cancel](#)


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Transition Progress Report

Applicant Information

* indicates required field

 Attachments  Draft Copy

 Please enter all required information.

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

Pre-fill Applicant Details

* Applicant Type: Corporation

* Company Name: Hutton Broadcasting, Inc.

Doing Business As:

Applicant Contact Information

Attention To: Ted Hutton

* Country: United States

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

* Address Line 1:

Address Line 2:

* City:


* State: Virginia

* Zip Code:

* Phone: (505) 471-1067

APPLICATION SECTIONS

 General Information

 Applicant Information

Contact Representatives

Permits and Tower Studies

Station Equipment

Tower and Antenna

Application Summary


Certify

Transition Progress Report

Add Contact Representative

* indicates required field

 Attachments

 Draft Copy

Please enter all required information.

Contact Type

✘ Contact Type is required.

* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

Contact Name

Pre-fill From Applicant Details >

* First Name:

Middle Name:

✘ Last Name is required.

* Last Name:

Suffix:

Title:

* Company Name:

Hutton Broadcasting, Inc.

APPLICATION SECTIONS

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Permits and Tower Studies

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Permits and Tower Studies

* indicates required field

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 Please enter all required information.

To be completed by full power and Class A television licensees with stations that are transitioning to a new channel as a result of the Broadcast Incentive Auction.

Licensee hereby certifies that the following steps towards constructing the Station's post-auction facility are not required or have been completed:

Approval and Permits

* Does the Station require FAA approval (e.g., completion of FAA Form 7460-1 and a "No Hazard Determination") in order to construct its post-auction facility?

Yes No [Clear](#)

* The Station has requested FAA approval for its post-auction facility.

Yes No [Clear](#)

* The Station has received FAA approval for its post-auction facility.

Yes No [Clear](#)

* Does the Station require Federal, State, and/or local permits, and/or a review of environmental impact, for its post-auction facility?

Yes No [Clear](#)




* Station has requested necessary Federal, State and/or local permits and/or review of environmental impact for its post-auction facility

Yes No [Clear](#)

* Station has received necessary Federal, State, and/or local permits and/or review of environmental impact for its post-auction facility

Yes No [Clear](#)

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Permits and Tower Studies

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Tower Studies

* Are radio frequency (RF) tower studies required in order for the Station to construct its post-auction facility?

Yes No [Clear](#)

* RF tower studies have been started

Yes No [Clear](#)

* RF tower studies have been completed

Yes No [Clear](#)

* Are structural tower studies required in order for the Station to construct its post-auction facility?

Yes No [Clear](#)

* Structural tower studies have been started

Yes No [Clear](#)

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Transition Progress Report
Station Equipment

Approved by OMB 3060-0027
December 2014

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* indicates required field

[Attachments](#) [Draft Copy](#)

✖ Please enter all required information.

To be completed by full power and Class A television licensees with stations that are transitioning to a new channel as a result of the Broadcast Incentive Auction. Licensee hereby certifies that the following steps towards constructing the Station's post-auction facility are not required or have been completed:

Station Equipment

The Station has placed orders for the following equipment, if required:

* Main Facility Antenna

Yes No Not Applicable [Clear](#)

* Main Facility Transmitter

Yes No Not Applicable [Clear](#)

* Main Facility Transmission line

Yes No Not Applicable [Clear](#)

* Main Facility Mask Filter and/or RF Combiner

Yes No Not Applicable [Clear](#)

* Auxiliary antenna and related equipment

Yes No Not Applicable [Clear](#)

* Does the Station anticipate that it will receive all necessary equipment in time to meet the construction deadline for the Station's main facility?

Yes No Not Applicable [Clear](#)

* Has Station received all required new broadcast equipment (antenna, transmitter, etc.) necessary to begin construction?

Yes No Not Applicable [Clear](#)

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Station Equipment

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Transition Progress Report
Tower and Antenna

* indicates required field

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✘ Please enter all required information.

To be completed by full power and Class A television licensees with stations that are transitioning to a new channel as a result of the Broadcast Incentive Auction.

Licensee hereby certifies that the following steps towards constructing the Station's post-auction facility are not required or have been completed:

Tower Construction and Antenna Installation

* Does the Station's post-auction facility require tower construction/modification work?

Yes No [Clear](#)

* Does construction of the Station's post-auction facility require construction of a new tower or substantial modification of an existing tower?

Yes No [Clear](#)

* Has all necessary tower work been scheduled?

Yes No [Clear](#)

* Has all necessary tower work been completed?

Yes No [Clear](#)

* Does the Station anticipate that all tower work, including antenna installation, will be completed in time to meet its construction deadline?

Yes No Not Applicable [Clear](#)

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Auxiliary Antenna

* Does the Station require use of a new auxiliary antenna system?

Yes No [« Clear](#)

* Has the Station started all outside tower work and made all necessary equipment upgrades to commence testing of its new auxiliary antenna system?

Yes No [« Clear](#)

* Has the Station completed all outside tower work and made all necessary equipment upgrades to commence testing of its new auxiliary antenna system?

Yes No [« Clear](#)

* Has the Station started testing on its new auxiliary antenna system?

Yes No [« Clear](#)

* Has the Station completed all testing on its new auxiliary antenna system such that it may now cease broadcasting on its pre-auction channel?

Yes No [« Clear](#)

Post-auction Facility

* Has the Station completed all work, including construction, modification and/or installation, related to construction of its post-auction facility such that it is ready to begin testing on its post-auction facility?

Yes No [« Clear](#)

* Does the Station have other issues that must be addressed before it can fully construct and/or operate its post-auction facility?

Yes No [« Clear](#)

Please explain:

* Has the Station completed all construction work on its post-auction facility that is necessary to complete an application for a license to cover that facility?

Yes No

Pre-auction Channel

* Has the Station ceased broadcasting on its pre-auction channel?

Yes No

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

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Applications Authorizations Facilities

Transition Progress Report

Application Summary

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Please review your application before submitting.

You have provided information in all the categories listed under the Application Section. Use the links under the Application Steps to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

This application contains 6 errors.

Please use the links under Application Section to view and correct them.

 An Amendment requires at least one uploaded attachment with an attachment type of 'Amendment'. The application can not be submitted until this error is fixed.

General Information







Application Purpose: Change of Main Studio Location

Attachments

You have 3 files that will be submitted with this application.

[View Attachments »](#)

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Applicant Information

Name: Ted Hutton, PhD.
Title: Senior Product Engineer

Address: Hutton Broadcasting Inc.
221 Seabreeze Court
Vero Beach, FL 32963
USA

Phone: +1 (703) 812-0400
Email: thutton@crystalclearradio.com

Contact Representatives

Name: Mrs. Jordan Perello, Ph.D.
Title: Director of Engineering

Address: 1300 North 17th Street
11th Floor
Arlington, VA 22209
USA

Phone: +1 (703) 812-0400 Ext. 12345
Email: montero@fhhlaw.com

[View All Contact Representatives \(10\) »](#)

Main Studio Location

Address: Hutton Broadcasting Inc.
221 Seabreeze Court
Vero Beach, FL 32963
USA

Phone: +1 (703) 812-0400

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Certification

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Section	Question	Response
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.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	AMANDA MINTZ MEMBER 05/02/2017

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