



FCC BROADCAST CALL SIGN RESERVATION AND AUTHORIZATION SYSTEM

Welcome to the FCC's Call Sign Reservation and Authorization System

The FCC Radio and Television Call Sign Reservation and Authorization System is available 24 hours-a-day, Monday through Sunday. Users are encouraged to consult our [FCC CALL SIGN POLICIES AND REGULATIONS](#) before using this system. If you wish to consult the User's Guide for the Call Sign Reservation and Authorization System, click on the word HELP at the bottom right of each screen.

The Licensee's FRN and Password are required fields of the Call Sign Reservation System. You must use an FRN that is associated with the facility of the call sign change you are requesting. The FRN Manager was designed to assist in the association of FRN's. Click the link under item number four (4) to access the FRN Manager. The Call Sign System will accept your FRN and Password by one of the following three ways:

- 1. If you know your FRN and Password, you can enter directly in the Call Sign Request Application Screen.
- 2. You can verify your FRN and Password by entering the values within the [Call Sign/CORES Pre-Form](#) Screen.

If both FRN and Password are valid, the FRN will be passed from the Call Sign/CORES Pre-Form Screen to the Call Sign Reservation System.

- 3. If you do not have an FRN and Password, you can get to The CORES Registration page by using the [Register in CORES](#) link.
- 4. If you need to associate your FRN with the licensee's FRN, you can go to [FRN Manager](#) link.

QUERY

SEARCH FOR CALL SIGN AVAILABILITY

REQUEST

START CALL SIGN REQUEST

[NEW CHANGES](#) [HELP](#)

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Phone: 1-888-CALL-FCC (1-888-225-5322)
TTY: 1-888-TELL-FCC (1-888-835-5322)
Fax: 1-866-418-0232
E-mail: fccinfo@fcc.gov

- [Privacy Policy](#)
- [Website Policies & Notices](#)
- [Required Browser Plug-ins](#)
- [Freedom of Information Act](#)

[More FCC Contact Information...](#)



Federal Communications Commission

Media Bureau

Call Sign Desk - *Call Sign Query*

Query by Call Sign

Call Sign

Submit

[Submit the query]

Clear l

[Erase data from the form]

This query displays whether a call sign is available. If it is not available, the query identifies to whom it is assigned or reserved.

[HELP](#)



Federal Communications Commission

Media Bureau

Call Sign Desk - *Query*

Call Sign **WUBD** is available.

SELECT TYPE OF REQUEST/RESERVATION

CHANGE CHANGE REQUEST

INITIAL PERMITTEE INITIAL REQUEST

TRANSFER TRANSFER/ASSIGNMENT REQUEST

EXCHANGE EXCHANGE REQUEST

[HELP](#)



Federal Communications Commission

Media Bureau

Call Sign Desk - *Query*

Call Sign is *not* available.

Call Sign	Service	Fac ID	City	State	Effective Date	Assigned To

Our records contain the following address(es) for above licensee(s):

CALL SIGN						
LICENSEE						
MAILING ADDRESS						
CONTINUED ADDRESS						
CITY	CHICAGO		STATE	IL	ZIP	60614-1919

A request for { **Call Sign** } dated 11/07/2007 has been filed by .

Our records contain the following address(es) for above requester(s):

REQUESTED CALL SIGN						
LICENSEE/PERMITTEE						
MAILING ADDRESS						
CONTINUED ADDRESS						
CITY			STATE		ZIP	



Federal Communications Commission

Media Bureau

Call Sign Desk - Query

Call Sign

Call Sign	Service	Fac ID	City	State	Effective Date	Assigned To

Our records contain the following address(es) for above licensee(s):

CALL SIGN							
LICENSEE							
MAILING ADDRESS							
CONTINUED ADDRESS							
CITY				STATE		ZIP	
CALL SIGN							
LICENSEE							
MAILING ADDRESS							
CONTINUED ADDRESS							
CITY				STATE		ZIP	



Federal Communications Commission

FCC CALL SIGN REQUEST

SELECT TYPE OF REQUEST/RESERVATION

CHANGE CHANGE REQUEST

INITIAL PERMITTEE INITIAL REQUEST

TRANSFER TRANSFER/ASSIGNMENT REQUEST

EXCHANGE EXCHANGE REQUEST

[HELP](#)



CHANGE REQUEST

REQUESTED CALL SIGN

CURRENT CALL SIGN

CONTINUE

RESET

[HELP](#)

Response to questions in this call sign reservation request constitute representations upon which the FCC will rely in considering this request.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

**FCC NOTICE TO INDIVIDUALS
REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION
ACT**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this call sign reservation request. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a

proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection.

If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

If you do not provide the information requested on this request, the call sign reservation request cannot be accepted electronically. Your electronic request is required to obtain the requested call sign authorization.

We have estimated that each response to this collection of information will take, on average, 10 – 15 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain 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-PERF, Paperwork Reduction Project (3060-0188), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to PRA@fcc.gov. 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 3060-0188.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK
REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C.
SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579,
DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**



Federal Communications Commission

CHANGE REQUEST FORM					
CALL SIGN		FACILITY ID		SERVICE	
LICENSEE NAME					
MAILING ADDRESS					
CONTINUED ADDRESS					
CITY			STATE		ZIP
REQUESTED CALL SIGN		SERVICE		EFFECTIVE DATE	
<input type="checkbox"/> The applicant submitting this request is authorized to certify that neither the licensee nor any shareholder, officer, or director thereof, is subject to a denial of federal benefits, including FCC benefits, pursuant to section 5301 of the ANTI-DRUG ABUSE ACT of 1988, 21 U.S.C. section 853(a).					
<input type="checkbox"/> The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.					

APPLICANT/REPRESENTATIVE					
NAME					
<input type="checkbox"/> Check here if applicant address is same as licensee (if you don't want to fill in below).					
ORGANIZATION					
STREET ADDRESS					
CONTINUED ADDRESS					
CITY		STATE		ZIP	
PHONE				E-MAIL ADDRESS	
FRN:				PASSWORD:	

FEE PAYMENT REQUIRED. THE APPLICANT MUST FILE FORM 159.

[HELP](#)



FCC 380

Approved by OMB

3060-0188

Edition Date: December 2001

PERMITTEE INITIAL REQUEST

REQUESTED CALL SIGN

CONSTRUCTION PERMIT NUMBER

SERVICE

ENTER PERMIT NUMBER ONLY (Format: YYYYMMDDAAA) - No Prefix required

CONTINUE

RESET

[HELP](#)



Federal Communications Commission

PERMITTEE INITIAL REQUEST FORM						
FILE NUMBER		FACILITY ID		SERVICE		
PERMITTEE NAME						
MAILING ADDRESS						
CONTINUED ADDRESS						
CITY		STATE		ZIP		
REQUESTED CALL SIGN		SERVICE		EFFECTIVE DATE		
<input type="checkbox"/> The applicant submitting this request is authorized to certify that neither the licensee nor any shareholder, officer, or director thereof, is subject to a denial of federal benefits, including FCC benefits, pursuant to section 5301 of the ANTI-DRUG ABUSE ACT of 1988, 21 U.S.C. section 853(a).						
<input type="checkbox"/> The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.						
APPLICANT/REPRESENTATIVE						
NAME						
<input type="checkbox"/> Check here if applicant address is same as permittee (if you don't want to fill in below).						
ORGANIZATION						
STREET ADDRESS						
CONTINUED ADDRESS						
CITY		STATE		ZIP		
PHONE				E-MAIL ADDRESS		
FRN:		PASSWORD:				

[SUBMIT REQUEST](#) [RESET](#)

[HELP](#)



Federal Communications Commission

FCC 380

Approved by OMB

3060-0188

Edition Date: December 2001

TRANSFER/ASSIGNMENT REQUEST

REQUESTED CALL SIGN

CURRENT CALL SIGN

LICENSE ASSIGNMENT/TRANSFER OF
CONTROL APPLICATION NUMBER

CONTINUE

RESET

[HELP](#)



Federal Communications Commission

TRANSFER/ASSIGNMENT REQUEST FORM

APP ARN		CALL SIGN		FAC ID		SERVICE
---------	--	-----------	--	--------	--	---------

LICENSEE NAME	
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MAILING ADDRESS	
-----------------	--

CONTINUED ADDRESS	
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CITY		STATE		ZIP	
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REQUESTED CALL SIGN		SERVICE	
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The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.

APPLICANT/REPRESENTATIVE

NAME	
------	--

ORGANIZATION	
--------------	--

STREET ADDRESS	
----------------	--

CONTINUED ADDRESS	
-------------------	--

CITY		STATE		ZIP	
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PHONE				E-MAIL ADDRESS	
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FRN:	
------	--

PASSWORD:	
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[SUBMIT REQUEST](#)

[RESET](#)

[HELP](#)



FCC 380

Approved by OMB

3060-0188

Edition Date: December 2001

EXCHANGE REQUEST

	CURRENT CALL SIGN	REQUESTED CALL SIGN
LICENSEE 1	<input type="text"/>	<input type="text"/>
LICENSEE 2	<input type="text"/>	<input type="text"/>

Please fill in current and requested call signs for both licensees.

When there is a mutual exchange of call signs between the two licensees, either licensee may make the requested exchange for both stations. Where there is not a mutual exchange of call signs between the two licensees, licensee 1 **MUST** be the one who is transferring its call sign to licensee 2. Licensee 1 may request any other call sign that is available.

<input type="button" value="CONTINUE"/>	<input type="button" value="RESET"/>
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[HELP](#)

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agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection.

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Federal Communications Commission

EXCHANGE REQUEST FORM

CURRENT CALL SIGN 1		FAC ID		SERVICE	
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LICENSEE 1 NAME					
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MAILING ADDRESS 1					
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CONTINUED ADDRESS					
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CITY 1		STATE		ZIP	
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CURRENT CALL SIGN 2		FAC ID		SERVICE	
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LICENSEE 2 NAME					
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MAILING ADDRESS 2					
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CONTINUED ADDRESS					
-------------------	--	--	--	--	--

CITY 2		STATE		ZIP	
--------	--	-------	--	-----	--

REQUESTED CALL SIGN 1		SERVICE		EFFECTIVE DATE	<input type="text"/>
REQUESTED CALL SIGN 2		SERVICE			

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Each licensee consents to this exchange and confirms that it is the primary holder of its call sign.

LICENSEE 1 APPLICANT/REPRESENTATIVE

NAME	<input type="text"/>
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Check here if applicant address is same as licensee 1 (if you don't want to fill in below).

ORGANIZATION	<input type="text"/>
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STREET ADDRESS	<input type="text"/>
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CONTINUED ADDRESS	<input type="text"/>
-------------------	----------------------

CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
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PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
FRN:			<input type="text"/>	PASSWORD:	<input type="text"/>

<u>S</u> UBMIT REQUEST	<u>R</u> ESET
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[HELP](#)



Federal Communications Commission

FCC CALL SIGN REQUEST RESULT

CALL SIGN REQUEST #34521 has been submitted.
A change notification will be sent to the LICENSEE, the
APPLICANT/REPRESENTATIVE, and the PRIMARY CALL SIGN HOLDER
within 2-3 business days.

<p>FEE PAYMENT REQUIRED. This number (34521) must be displayed in the FCC Code 2 field on the 159 Form. Click the 159 Button to process via credit card -or- to print the prefilled 159 form.</p>	<p>Mail 159 Form with payment to: Federal Communications Commission Media Services P. O. Box 358165 Pittsburgh, PA 15251-5165</p>
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FORM 159

[HELP](#)



Federal Communications Commission

FCC CALL SIGN REQUEST RESULT

CALL SIGN REQUEST #34521 has been submitted.
A change notification will be sent to the LICENSEE, the
APPLICANT/REPRESENTATIVE , and the PRIMARY CALL SIGN HOLDER
within 2-3 business days.

[HELP](#)