

FOR
FCC
USE
ONLY

FCC 335-AM
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) |
|------|---|

6. Primary digital sideband power has been reduced by _____ dB from the iBiquity specified level. N/A

Explain necessity for reduction.

7. Licensee certifies its facilities conform to the iBiquity Digital Corporation hybrid specifications: Yes No

8. 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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