


Form 2100, Schedule 301-FM –FM AUXILIARY STATION CONSTRUCTION PERMIT APPLICATION

This set of screen shots captures the FM Auxiliary Station Construction Permit flow in the LMS application.

General Information

** indicates required field*

 Attachments  Draft Copy

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

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

Yes No [« Clear](#)

Cancel

Save & Continue »

Fees, Waivers and Exemptions

** indicates required field*

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Fees

* Is the applicant exempt from FCC application Fees?

Yes No [« Clear](#)

* Is the applicant exempt from FCC regulatory Fees?

Yes No [« Clear](#)

Waivers

* Does this filing request a waiver of the Commission's rule(s)?

Yes No [« Clear](#)

* Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?

Yes No [« Clear](#)

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Applicant Information

* indicates required field

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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

* Applicant Type:

* Company Name:

Applicant Information

Attention To:

* Country:

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

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

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Contact Representatives

** Indicates required field*

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Contact Type

* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

Contact Name

* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
Title:	<input type="text"/>
* Company Name:	<input type="text"/>

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Contact Information

Attention To:

* Country:

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

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:



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Save & Add Another »

Save & Continue »

Basic Eligibility Questions

* indicates required field

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Revoked Authorization

* Has the Applicant or any party to this application had any FCC station Authorization revoked or had any application for an initial, modification or renewal of FCC station Authorization denied by the Commission?

Yes No « Clear

State or Federal Convictions

* Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?

Yes No « Clear

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Legal Certifications

** indicates required field*

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Character Issues

Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.

Yes No [« Clear](#)

Adverse Findings

Applicant certifies that, with respect to the applicant and any party to the application, and any non-party equity owner in the applicant, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

Yes No [« Clear](#)

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Channel and Facility Information

* indicates required field

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Proposed Community of License

Facility ID: 702857

* State:

* City:

* Channel:

* Frequency: MHz

Facility Type

* Please select a facility type:

Commercial
 Noncommercial Educational

Station Class

A B C D
 B1 C0
 C1
 C2
 C3

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Antenna Location Data

* indicates required field

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Antenna Structure Registration

* Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes No Filed with the FAA [« Clear](#)

Coordinates (NAD83)

* Latitude (NAD83):	DD	MM	SS.S	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
* Longitude (NAD83):	DDD	MM	SS.S	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
* Structure Type:	<input type="text" value="Select..."/>			
* Overall Structure Height:	<input type="text"/>	meters		
* Support Structure Height:	<input type="text"/>	meters		
* Ground Elevation (AMSL):	<input type="text"/>	meters		

Antenna Data

	Horizontal	Vertical
* Height of Radiation Center Above Ground Level:	<input type="text"/> meters	<input type="text"/> meters
* Height of Radiation Center Above Average Terrain:	<input type="text"/> meters	<input type="text"/> meters
* Height of Radiation Center Above Mean Sea Level: ⓘ	<input type="text"/> meters	<input type="text"/> meters
* Effective Radiated Power:	<input type="text"/> kW	<input type="text"/> kW

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Antenna Technical Data

** indicates required field*

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Antenna Type

* Please select an antenna type:

- Directional
- Non-Directional
- [« Clear](#)

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Technical Certifications

** indicates required field*

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Environmental Effect

* Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? (See Section 1.1306 of 47 C.F.R.)

Yes No [« Clear](#)

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Certification

** indicates required field*

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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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

** indicates required field*

Date: 12/07/2018

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Attachments: I certify that this application includes all required and relevant attachments.

[Submit Application](#)