This set of screen shots captures the FM Translator or FM Booster Construction Permit flow in the LMS application.

* indicates required field	
Application Description	
Description of the application (255 characters max.) is visible only to you and is not part of the submitted application (255 characters max.)	cation. 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
Carreer	Save & Continue 2
ees, Waivers and Exemptions	
ees, Waivers and Exemptions *indicates required field	
* indicates required field  Fees	
* indicates required field  Fees  * Is the applicant exempt from FCC application Fees?	
* indicates required field  Fees  * Is the applicant exempt from FCC application Fees?  O Yes O No Clear	
* indicates required field  Fees  * Is the applicant exempt from FCC application Fees?  O Yes O No Clear  * Is the applicant exempt from FCC regulatory Fees?	Ø Attachments ■ Draft Copy
* indicates required field  Fees  * Is the applicant exempt from FCC application Fees?  • Yes • No «Clear  * Is the applicant exempt from FCC regulatory Fees?  • Yes • No «Clear  Waivers	
* indicates required field  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)?	
* indicates required field  Fees  * Is the applicant exempt from FCC application Fees?  Oracle Yes No Clear  * Is the applicant exempt from FCC regulatory Fees?  Oracle Yes No Clear  Waivers	

### **Applicant Information** \* indicates required field **Applicant Name and Type** \* Applicant Type: Select... \* Company Name: **Applicant Information** Attention To: United States \* Country: PO Box: Either PO Box or Address Line 1 is required. \* Address Line 1: Address Line 2: \* City: Select... \* State: \* Zip Code: \* Phone: \* Email: « Back Save & Continue »

Contact Representatives		
* indicates required field	Attachments	■ Draft Copy
Contact Type		
* Please select the contact type:		
<ul><li>Legal Representative</li><li>Technical Representative</li><li>Other</li></ul>		
Contact Name		
* First Name:		
Middle Name:		
* Last Name:		
Suffix:		
Title:		
*Company Name:		

Contact Information			
Attention To:			
*Country:	United States ▼		
PO Box: Either PO Box or Address Line 1 is required.			
* Address Line 1:			
Address Line 2:			
* City:			
*State:	Select ▼		
*Zip Code:			
* Phone:			
* Email:			
« Back		Save & Add Another »	Save & Continue »

### Alien Ownership

* indicates required field	Attachments	■ Draft Copy
1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?		
○ Yes ○ No ‹‹Clear		
2) Is the applicant an alien or the representative of an alien? (Section $310(b)(1)$ )		
○ Yes ○ No «Clear		
3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section $310(b)(2)$ )		
○ Yes ○ No ‹‹Clear		
4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section $310(b)(3)$ )		
○ Yes ○ No ‹‹Clear		
5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))		
● Yes ○ No «Clear		
Please upload the required information which includes an attachment explaining the circumstances.		

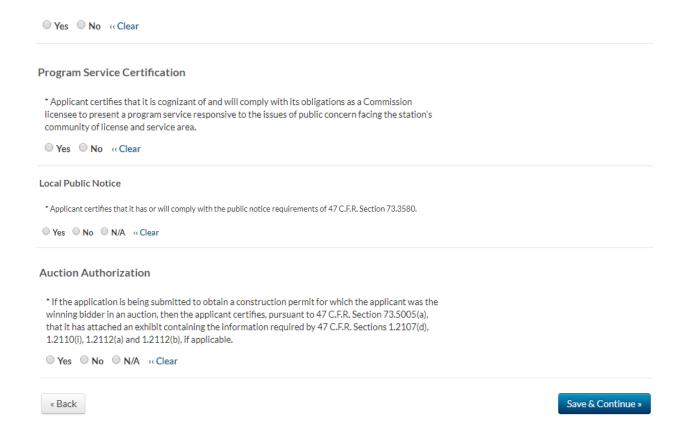
$\textbf{6)} \ \text{Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?}$	
● Yes ○ No «Clear	
Please upload the required information which includes an exhibit containing the citation(s) of the applicable declaratory ruling(s) by DA/FCC number or the FCC Record citation, if available, release date, and any other identifying information.  Enter the citation of the applicable declaratory ruling by DA/FCC number, FCC Record citation, release date, or any other identifying information.  12-12-2018	
7) Has there been any change in the applicant's foreign ownership since issuance of the declaratory ruling(s) cited in response to Question 6?  • Yes • No ··· Clear	
8) Does the applicant certify that it is in compliance with the terms and conditions of the foreign ownership declaratory ruling(s) cited in response to Question 6?  Yes  No «Clear	
9) In connection with this application is the applicant filing a foreign coveragin Detition for	
9) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?  Yes No Clear	
- Dools	Sava C Cantinua
« Back	Save & Continue »

Legal Certifications		
* indicates required field	Attachments	■ Draft Copy
Operational Compliance		
* Applicant certifies that it is not the licensee or permittee of the commercial primary station being rebroadcast and that neither it nor any parties to the application have any interest in or connection with the commercial primary station being rebroadcast? See 47 C.F.R. Section 74.1232(d).		
○ Yes ○ No ○ N/A «Clear		
* Applicant certifies that the FM translator's (a) 1mV/m coverage contour does not extend beyond the protected contour of the commercial FM primary station to be rebroadcast, or (b) entire 1mV/m coverage contour is contained within the greater of either: (i) the 2 mV/m daytime contour of the commercial AM primary station to be rebroadcast, or (ii) a 25-mile radius centered at the commercial AM primary station's transmitter site.		
○ Yes ○ No ○ N/A ‹‹Clear		
*The applicant, if for a commercial FM translator station with a coverage contour extending beyond the protected contour of the commercial primary station being rebroadcast, certifies that it has not received any support, before or after constructing, directly or indirectly, from the licensee/permittee		
of the primary station or any person with an interest in or connection with the licensee or permittee of the primary station, except for technical assistance as provided for under 47 C.F.R. Section 74.1232(e).		
○ Yes ○ No ○ N/A «Clear		
Rebroadcast Certification		
* For applicants proposing translator rebroadcasts that are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted.		
○ Yes ○ No ○ N/A ‹‹Clear		
Character Issues		
* Applicant certifies that neither the applicant nor any party to the application has or had any inte broadcast application in any proceeding where character issues were left unresolved or were reso applicant or party to the application; or (b) any pending broadcast application in which character	olved adversely aga	ainst the
○ Yes ○ No «Clear		
Adverse Findings		

7

\* Applicant certifies that, with respect to the applicant and any party to the application, 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 laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to

another governmental unit; or discrimination.



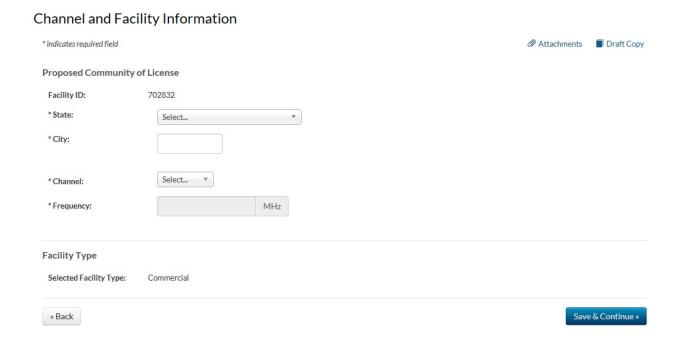
#### **Noncommercial Educational FM Translator Point System Factors/Tie Breakers**

noncommercial Educational Fit Translator Forme System Factors, the Brea	AICC	
* indicates required field	nts	■ Draft Copy
Point system factors are used to select among mutually exclusive noncommercial educational FM translator applicat stations and major modifications on reserved channels only.	ions:	for new
NOTE: Applicants will not receive any additional points for amendments made after the close of the application filing window.		
Preliminary matter: Does this application provide fill-in service only?		
○ Yes ® No «Clear		
Established Local Applicant:		
Applicant certifies that for at least the 24 months immediately prior to application, and continuing through the prese as a local applicant pursuant to 47 C.F.R. Section 73.7000, that its governing documents require that such localism and that it has placed documentation of its qualifications as an established local applicant in a local public inspection submitted to the Commission copies of the documentation.	be m	aintained,
○ Yes ● No «Clear		
Diversity of Ownership:		
Applicant certifies that the principal community (city grade) contour of the proposed station does not overlap the pr community contour of any other authorized station (comparing radio to radio and television to television, including a translator stations other than those identified in (b) below) in which any party to the application has an attributable defined in 47 C.F.R. Section 73.3555, that its governing documents require that such diversity be maintained, and the documentation of its diversity qualifications in a local public inspection file and has submitted to the Commission condocumentation.   Yes  No «Clear	non-fi intere nat it	ill-in est as has placed
State-wide Network:		
Applicant certifies that (a) it has NOT claimed a credit for diversity of ownership above; (b) it is one of the three spe organizations described in 47 C.F.R. Section 73.7003(b)(3); and (c) it has placed documentation of its qualifications inspection file and has submitted to the Commission copies of the documentation.		
○ Yes ● No «Clear		
Technical Parameters		
Applicant certifies that the numbers in the boxes below accurately reflect the new (increased) area and population twould serve with a 60 dBu (FM) signal measured in accordance with the standard predicted contours in 47 C.F.R. Se and that it has documented the basis for its calculations in the local public inspection file and has submitted copies Commission. Major modification applicants should include the area of proposed increase only (exclude the station's area). (Points, if any, will be determined by FCC)	ction to the	73.313(c) e
○ Yes ● No «Clear		
New (increased) area served in square kilometers (excluding areas of water): Population served based on the most recent census block data from the United States:		

#### **Tie Breakers**

#### **Existing Authorizations**

	Stilly Authorizations
a)	By placing a number below, the applicant certifies that it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, existing authorizations for the following number of relevant broadcast stations. FM translator applicants should count all attributable full service radio stations, AM and FM, commercial and noncommercial and FM translator stations other than fill-in stations.
	(number of commercial and noncommercial licenses and construction permits)
b)	(Fill-in Applicants Only.) By placing a number below, the applicant certifies that, in addition to the station identified in (a), it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, existing authorizations for the following number of FM translators.
Рe	nding Applications
a)	By placing a number below, the applicant certifies that it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, pending applications for new or major changes to the following number of relevant broadcast stations. FM translator applicants should count all attributable full service radio stations, AM and FM, commercial and noncommercial and FM translator stations other than fill-in stations.
	(number of commercial and noncommercial licenses and construction permits)
b)	(Fill-in Applicants Only.) By placing a number below, the applicant certifies that, in addition to the station identified in (a), it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, existing authorizations for the following number of FM translators.
	Save & Continue »



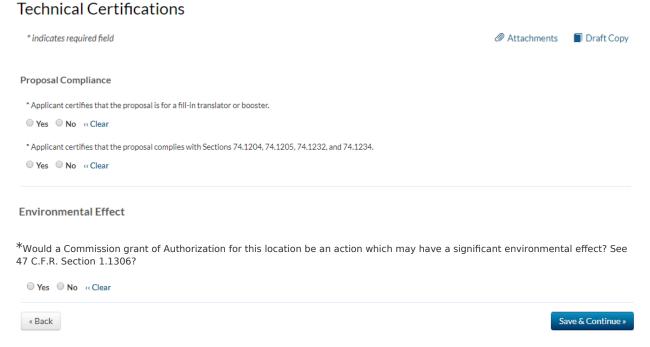
#### Antenna Location Data \* indicates required field **Antenna Structure Registration** \* Do you have an FCC Antenna Structure Registration (ASR) Number? ○ Yes ○ No ○ Filed with the FAA «Clear Coordinates (NAD83) DD MM SS.S Direction \* Latitude (NAD83): DDD ММ SS.S Direction \* Longitude (NAD83): \* Structure Type: Select... \* Overall Structure meters Height: \* Support Structure meters Height: \* Ground Elevation meters (AMSL): Antenna Data Horizontal Vertical \* Height of Radiation Center Above meters meters Ground Level: \* Height of Radiation Center Above meters meters Average Terrain: \* Height of Radiation Center Above meters meters Mean Sea Level: 6 kW kW \* Effective Radiated Power:

« Back

Save & Continue »

### Antenna Technical Data \* indicates required field Antenna Type \* Please select an antenna type: O Non-Directional « Clear **Primary Station Community of License** To find the Primary Station's Community of License, enter the station's Facility ID then click the Find button. Facility ID: Find Delivery Method ○ Wired \* Please select the delivery method: O Via Call Sign O Direct-off-air O Microwave O Phone line ○ Satellite OInternet Other « Clear Transmitting Antenna \* Manufacturer / Make: \* Model: « Back Save & Continue »

#### T--|--:--| C---+:6--+:---



### Certification

* indicates required field		Attachments	■ Draft Copy	
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.).			
1988, 21 U.S.C. § 862, because of a convict	plicant nor any other party to the application is subject to a deni ion for possession or distribution of a controlled substance. This §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition o	s certification does not apply to applications filed in servi	ces exempted	
The Applicant certifies that all statements application, and are true, complete, correct	made in this application and in the exhibits, attachments, or doc ,, and made in good faith.	uments incorporated by reference are material, are part	of this	
Authorized Party to Sign				
FAILURE TO SIGN THIS APPLICATION M	AY RESULT IN DISMISSAL OF THE APPLICATION AND FORE	FEITURE OF ANY FEES PAID		
requirements will result in automatic cance	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 ar	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:	$\square$ I certify that this application includes all required and relevant a	attachments.		
	Submit Application			