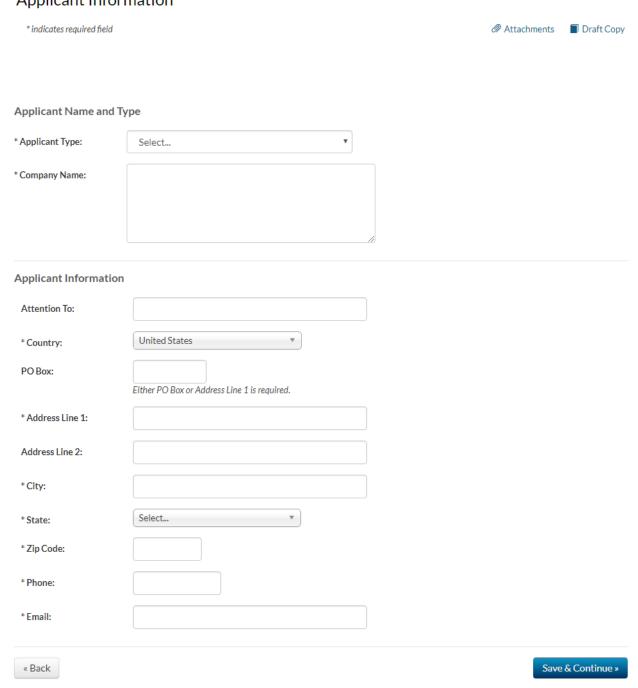
This set of screen shots captures the FM Translator and FM Booster Station License flow in the LMS application.

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	on. 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	Sa	ve & Continue »
Fees, Waivers and Exemptions		
* indicates required field	Attachments	■ Draft Copy
Fees		
* Is the applicant exempt from FCC application Fees?		
* 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		
« Back	Save	& Continue »

#### Applicant Information



# \* Indicates required field Attachments \* Indicates required field Contact Type \* Please select the contact type: Otegal Representative Otechnical Representative Other 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 »

#### Legal Certifications \* indicates required field Programming \* The applicant certifies that it is the licensee of the primary station or the applicant certifies that written authority has been obtained from the licensee of the primary station whose programming is to be retransmitted. ○ Yes ○ No « Clear Station Ready for Operation \* Applicant certifies that station is now in satisfactory operating condition and ready for regular operation. ○ Yes ○ No «Clear **Character Issues** \* Applicant certifies that neither the 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 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, 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. ○ Yes ○ No « Clear Save & Continue » « Back

# Channel and Facility Information \*indicates required field Proposed Community of License Facility ID: 199004 Channel: 300 Frequency: 107.9 MHz Facility Type Selected Facility Type: Commercial Save & Continue >

« Back

#### Antenna Location Data \* indicates required field Coordinates (NAD83) DD MM SS.S Direction \* Latitude (NAD83): DDD SS.S MM Direction W- v \* Longitude (NAD83): Antenna Data Horizontal Vertical \* Effective Radiated Power: kW kW kW \* Transmitter Power Output:

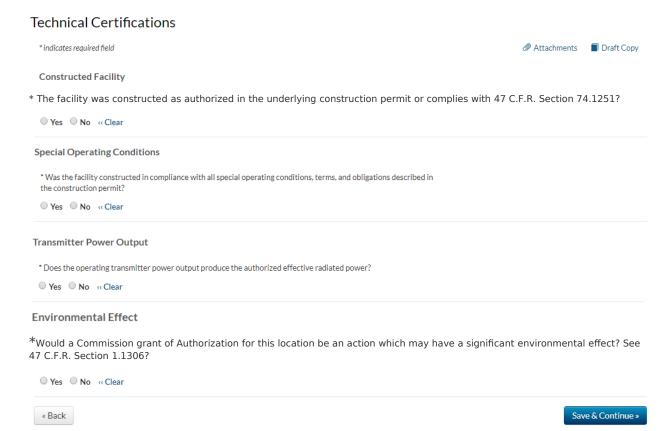
Save & Continue »

#### Antenna Technical Data \* indicates required field Antenna Type \* Please select an antenna type: Directional **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** O Wired \* Please select the delivery method: O Via Call Sign O Direct-off-air O Microwave O Phone line ○ Satellite $\bigcirc$ Internet Other Transmitting Antenna \* Manufacturer / Make: \* Model: \* Number of Sections: (1 - 20 -must be a whole number, decimals not allowed) \* Spacing Between Sections

(0.5 - 1.5 - may be to tenths decimal place, at most)

(wavelength):

easured D	Directiona	l Antenna Re	lative Field V	alue							
			measured field v								
alues enter	ed must be b	etween [ .000 - :	1.000] and must	be entered f	or every degree	listed from 0 to	350 in incre	ments of 10.			
⚠ The req	quirements o	of 47 CFR Sectio	n 73.316 must b	e satisfied.							
/ <sub>A</sub> = Relative I	Field Value <b>V</b>	<sub>м</sub> = Measured Fie	ld Value								
Degree	$V_{A}$	V <sub>M</sub>	Degree	V <sub>A</sub>	$V_{M}$	Degree	VA	$V_{M}$	Degree	VA	V <sub>M</sub>
0	1		90	0.04		180	0.06		270	0.03	
10	0.94		100	0.03		190	0.05		280	0.04	
20	0.77		110	0.03		200	0.05		290	0.04	
30	0.55		120	0.04		210	0.03		300	0.07	
40	0.33		130	0.05		220	0.02		310	0.18	
50	0.15		140	0.04		230	0.03		320	0.35	
60	0.03		150	0.04		240	0.04		330	0.57	
70	0.03		160	0.05		250	0.03		340	0.76	
80	0.05		170	0.06		260	0.02		350	0.93	
Additional	l Azimuths	(optional)									
Degree	$V_{A}$	V <sub>m</sub>									
« Back											



#### Certification

* indicates required field			ру				
General Certification Statements							
		as against the regulatory power of the United States because of the ance with this application (See Section 304 of the Communications A	ct				
1988, 21 U.S.C. § 862, because of a conviction	on for possession or distribution of a controlled substance. This	al of Federal benefits pursuant to \$5301 of the Anti-Drug Abuse Act s certification does not apply to applications filed in services exempte f "party to the application" as used in this certification § 1.2002(c).					
The Applicant certifies that all statements n application, and are true, complete, correct,		uments incorporated by reference are material, are part of this					
Authorized Party to Sign							
FAILURE TO SIGN THIS APPLICATION MA	AY RESULT IN DISMISSAL OF THE APPLICATION AND FORE	EITURE OF ANY FEES PAID					
		e requirements. Failure to meet the construction or coverage ons to determine the construction or coverage requirements that app	oly				
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, $\S1001$ ) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, $\S312(a)(1)$ ), AND/OR FORFEITURE (U.S. Code, Title 47, $\S503$ ).							
I declare, under penalty of perjury, that I am	an authorized representative of the above-named applicant fo	or 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 a	ittachments.					
	Submit Application						

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