



DTV/DTS Modification of License (Schedule B)

Channel Sharing

 Attachments  Draft Copy

* indicates required field

* Is this filing to implement a Channel Sharing Agreement?

Yes No

Enter Facility ID of the Channel to be shared:

Facility ID	Call Sign	Service	City	State
<input type="text" value="12345"/>	<input type="text" value="WTOP"/>	<input type="text"/>	<input type="text" value="Arlington"/>	<input type="text" value="VA"/>

Input the Facility ID of any other station(s) listed in the CSA

Facility ID	Call Sign	Service	City	State	Action
<input type="text" value="54321"/>	<input type="text" value="WTTG"/>	<input type="text"/>	<input type="text" value="Fairfax"/>	<input type="text" value="VA"/>	

Display only if application is for a Sharing station

* Is this filing to dissolve or modify a Channel Sharing Arrangement?

Yes No

* Will the applicant continue to channel share?

Yes No

 Please upload the Channel Sharing Agreement.

* Is the channel sharing agreement consistent with all Commission rules and policies including those set forth in 47 C.F.R. § 73.3700?

Yes No

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