This set of screen shots captures the Low Power FM Station License flow in the LMS application.

General Information	
* 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. 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	
Waivers	
* Does this filing request a waiver of the Commission's rule(s)?	
○ Yes ○ No «Clear	
« Back	Save & Continue »

Applicant Information

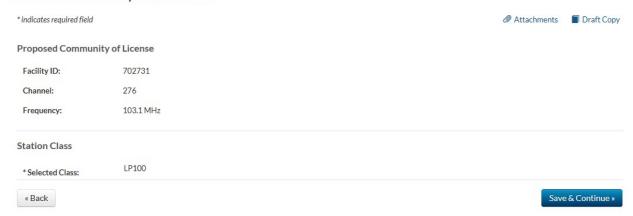
* indicates required field		Attachmen	ts 🔳 Draft Copy
Applicant Name and Ty	ре		
* Applicant Type:	Select ▼		
* Company Name:			
Applicant Information			
Attention To:			
* Country:	United States ▼		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
* City:			
* State:	Select ▼		
* Zip Code:			
* Phone:			
*Email:			
« Back		S	ave & Continue »

Contact Representatives

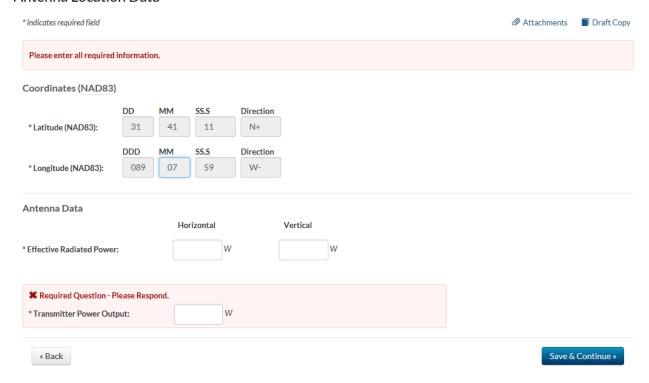
* indicates required field	Attachments	■ Draft Copy
Contact Type		
* Please select the contact type:		
Legal RepresentativeTechnical RepresentativeOther		
Contact Name		
* First Name:		
Middle Name:		
* Last Name:		
Suffix:		
Title:		
*Company Name:		

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 »

Channel and Facility Information



Antenna Location Data



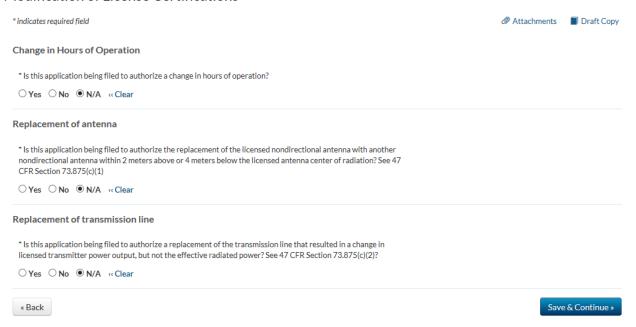
Antenna Technical Data

* indicates required field			Attachments	■ Draft Copy
Transmitting Antenna				
* Manufacturer / Make :				
*Model:				
* Number of Sections:				
(1 - 20 -must be a whole number, decimals not allow	wed)			
* Spacing Between Sections (wavelength): (0.:	5 - 1.5 - may be to tenths decimal p	place, at most)		
« Back			Save	& Continue »

Technical Certifications

* indicates required field	Attachments	■ Draft Copy
Transmitter Power Output		
* Does the operating transmitter power output produce the authorized effective radiated power?		
○ Yes ○ No «Clear		
Constructed Facility		
st The facility was constructed as authorized in the underlying construction permit or complie	es with 47 C.F.R. Section	73.875.?
○ Yes ○ No ‹‹Clear		
Special Operating Conditions		
* Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?		
○ Yes ○ No «Clear		
Environmental Effect		
*Would a Commission grant of Authorization for this location be an action which may have a 47 C.F.R. Section 1.1306?	significant environment	al effect? See
○ Yes ○ No ‹‹Clear		
« Back	Save &	Continue »

Modification of License Certifications



Certification

* indicates required field		Attachments	■ Draft Copy	
General Certification Statements				
	f any particular frequency or of the electromagnetic spectrum rization or otherwise, and requests an Authorization in accord			
1988, 21 U.S.C. § 862, because of a conviction	licant nor any other party to the application is subject to a denion for possession or distribution of a controlled substance. This 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of	s certification does not apply to applications filed in ser	vices exempted	
The Applicant certifies that all statements mapplication, and are true, complete, correct,	nade in this application and in the exhibits, attachments, or doc and made in good faith.	cuments incorporated by reference are material, are pa	rt of this	
Authorized Party to Sign				
FAILURE TO SIGN THIS APPLICATION MA	AY RESULT IN DISMISSAL OF THE APPLICATION AND FORE	FEITURE OF ANY FEES PAID		
	ation Holder may be subject to certain construction or coverag llation of the Authorization. Consult appropriate FCC regulations 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 a	attachments.		
	Submit Application			