This set of screenshots tracks the Non-Pro Forma Transfer of Control of Construction Permit or License Application flow in LMS.

Transfers General Information		
* indicates required field	∂ Attachments	Draft Copy
Application Description		
Description of the application (255 characters max.) is visible workspace.	only to you and is not part of the submitted application. It will be displayed in you	ur Applications
Attachments		
* Are attachments (other than associated schedules) being file	ed with this application?	
○ Yes ○ No « Clear		
Cancel	Save	& Continue »

Transfers Fees, Waivers, and Exemptions		
* indicates required field	🖉 Attachments	📕 Draft Copy
Fees		
* Is the applicant exempt from FCC application Fees?		
Waivers		
* Does this filing request a waiver of the Commission's rule(s)?		
⊖Yes ⊖No «Clear		
« Back	Save	e & Continue »

Transfers Transfer Type		
* indicates required field	🖉 Attachments	Draft Copy
Transfer Type * Is this application a pro forma Transfer of Control? No		
« Back	Save	e & Continue »

Transfers Authorizations to be Transferred			
		Attachments Draft d the Call Sign, or the Facility Identification Number and the File Number of the d/or TV translator stations, LPTV stations, SCA, FM and/or TV booster stations, and	t Сору
If you see facility id on this list that cannot be selected, <u>please review the lis</u>	st of Facility ID's associated with one or more FRN's.	<u>8.</u>	
Select Call Signs		Selected Call Signs	
All Call Sign Facility ID File Number	Service City, State	Call Sign Actions	*
1			
1			
-			
		-	
« Back		Save & Contin	iue *

Transfers Transfer Questions		
* indicates required field	Attachments	Draft Copy
 Were any of the authorizations that are the subject of this application obtained through the Commission's competitive bidding procedures (see 47 C.F.R. Sections 1.2111(a) and 73.5000)? Yes O No Clear 		
 * Were any of the authorizations that are the subject of this application obtained through the Commission's point system for reserved channel noncommercial educational stations (see 47 C.F.R. Sections 73.7001 and 73.7003)? Yes No * Clear 		
 * Were any of the authorizations that are the subject of this application obtained after award of a dispositive Section 307(b) preference using the Tribal Priority, through Threshold Qualifications procedures, or through the Tribal Priority as applied before the NCE fair distribution analysis set forth in 47 C.F.R. § 73.7002(b)? Yes O No « Clear 		
« Back	Sav	e & Continue »

Transfers	ttee Information		
Licensee/Perm	ttee mormation		
* indicates required field		Ø Attachments	🚨 Draft Copy
× Please see errors belo	n.		
Licensee/Permittee Nar	ne and Type		
*FRN:			
*Licensee/Permittee Type:	Other 🖌		
*Applicant Type Other:	Applicant		
Doing Business As:			
Licensee/Permittee Cor	tact Information		
Attention To:			
*Country:	United States +		
PO Baic	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
*City:			
*State:	District Of Columbia +		
*ZipCode:			
*Phone:			
Required Question - P	lease Respond.		
*Email:			
« Back		Sa	ve & Continue +

Transfers Licensee/Perm	nittee Contact Representatives		
* indicates required field			🔊 Draft Cop
Contact Type [•] Please select the contact O Legal Representativ O Technical Represent O Other	re in the second se		
Contact Name Pre-fill From Licensee/F	Permittee Details »		
* 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 & Co	ntinue »

Transfers		
Licensee/Permittee Legal Certifications		
-		
indicates required field	Attachments	Draft Copy
Agreements for Transfer Control of Station		
- Licensee/Permittee certifies that:		
(i) it has placed its public inspection file(s) and submitted to the commission as an Exhibit to this application copies of all agreements for		
the transfer of the station(s);		
(ii) these documents embody the complete and final understanding between Transferor and Transferee; and		
(iii) these agreements comply fully with the commission's rules and policies		
○ Yes ○ No ○ N/A « Clear		
Character Issues		
Licensee/Permittee certifies that neither licensee/permittee nor any party to the application has or has 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 any party to the application or		
(b) any pending broadcast application in which character issues have been raised		
○ Yes ○ No « Clear		
Adverse Findings Licensee/Permittee certifies that, with respect to the Licensee/Permittee and each 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 law related to any of the following; any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination. O Yes O No <a a="" clear<="">		
.ocal Public Notice		
Licensee/permittee certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580.		
O Yes O No O N/A «Clear		
Auction Authorization		
Joensee/Permittee certifies that more than five years have passed since the issuance of the construction permit for the station being assigned,		
ucenseer Permittee Cerdines that more than my years have passed since the issuance of the construction permit for the station being assigned, where that permit was acquired in an auction through the use of a bidding credit or other special measure.		
○Yes ○No ○N/A «Clear		
Anti-Discrimination Certification		
Licensee/permittee certifies that neither licensee/permittee nor any party to the application have violated the Commission's prohibition against discrimination on the basis of race, color, religion, national origin or sex in the sale of commercially operated AM, FM, TV, Class A TV or international broadcast stations.		
○ Yes ○ No ○ N/A « Clear		
⊙Yes ONo ON/A «Clear		

Transfers Transferor Info	ormation					
* indicates required field					🖉 Attachments	Draft Copy
Transferor Name and T	уре					
*FRN:		Pre-fill Transferor Details	s			
* Applicant Type:	Select 🗸					
* Company Name:						
Doing Business As:						
Transferor 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					Sa	ve & Continue >

Transfers Add Transfero	r Contact Representative	
* indicates required field	Ø Attachments	B Draft Copy
Contact Type		
* Please select the conta	t type:	
 Legal Representative Technical 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	e & Continue »

Transfers Add Changes in Int	terest as a Result of Transfer
* indicates required field	
	View Change in Interest Parties to the Application *
Please provide the following If a corporation or partnership h members.	s information for each party to the application holding an attributable interest. olds an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or
Name of Party to Application	Holding an Attributable Interest
* Citizenship:	United States *
* First Name:	
Middle Name:	
* Last Name:	
Suffix:	
Title:	
*CN	
* Company Name:	
Party Contact Information	
*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:	
Interest Held Before Transfer	r
* Percentage of Votes:	0 %
* Percentage of Total Assets: (equity plus debt)	0 %
Interest Held After Transfer	
* Percentage of Votes:	*
* Percentage of Total Assets: (equity plus debt)	*
« Back	Save & Add Another > Save & Continue >

Transfers			
Transferee Info	ormation		
* indicates required field		Ø Attachments	Draft Copy
Transferee Name and Ty	ïype		
* FRN:	Pre-fill Transferee Details		
* Applicant Type:	Select 🗸		
* Company Name:			
Doing Business As:			
Transferee Information	1 		
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 & Co	ntinue »

Transfers Add Transfere	e Contact Representative		
* indicates required field			Draft Copy
Contact Type			
* Please select the contac	tt type:		
 Legal Representativ Technical Represent 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 »

Transfers Add Party to the A	oplication
* indicates required field	🖉 Attachments 🛛 🚨 Draft Copy
	View Parties to the Application »
	information for each party to the application holding an attributable interest. Ids an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or
Applicant Party Name and Po	sitional Interest
* Positional Interest:	Select 🗸
* Citizenship:	United States *
* Percentage of Votes:	0 %
* Percentage of Total Assets: (equity plus debt)	0 %
* First Name:	
Middle Name:	
* Last Name:	
Suffix:	
Title:	
* Company Name:	
Party Contact Information	
*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 »

Transfers Parties to the Application Certification	
* indicates required field	🖉 Attachments 🛛 🕘 Draft Copy
 Applicant certifies that equity and financial interests not set forth by the transferee are nonattributable. Yes O No O N/A « Clear 	
« Back	Save & Continue >

Transfers		
Transferee Legal Certifications		
Hanslei ee Eegar eer tineations		
" indicates required field	🖉 Attachments	Draft Copy
Agreements for Sale/Transfer of Station		
* Transferee certifies that:		
(a) the written agreements in the Transferee's public inspection file and submitted to the Commission embody the complete and final agreement for the sale or transfer of the station(s); and		
(b) these agreements comply fully with the Commission's rules and policies.		
O Yes O No « Clear		
Other Authorizations		
* Please upload an attachment detailing the call signs, locations, and facility identifiers of all other broadcast stations in which transferee or any		
party to the application has an attributable interest.		
Q N/A « Clear		
A Please upload the required information which includes an Exhibit justification.		
Multiple Ownership		
' Is the transferee or any party to the application the holder of an attributable radio or television joint sales agreement or an attributable radio or television time brokerage agreement with the station(s) subject to this application or with any other station in the same market as the		
station(s) subject to this application?		
* Transferee certifies that the proposed transfer complies with the Commission's multiple ownership rules and cross-ownership rules.		
○Yes ○No ○N/A «Clear		
Transferee certifies that the proposed transfer:		
(1) does not present an issue under the Commission's policies relating to media interests of immediate family members;		
(2) complies with the Commission's policies relating to future ownership interests; and		
(3) complies with the Commission's restrictions relating to the insulation and nonparticipation of non-party investors and creditors. ○ Yes ○ No ○ N/A < Clear		
⁻ Does the Transferee claim status as an "eligible entity," that is, an entity that qualifies as a small business under the Small Business Administration's size standards for its industry grouping (as set forth in 13 C.F.R. § 121-201), and holds		
(1) 30 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet; or		
(2) 15 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet, provided that no other person or entity owns or controls more than 25 percent of the outstanding stock or partnership interests; or		
(3) More than 50 percent of the voting power of the corporation that will own the media outlet (if such corporation is a publicly traded company)?		
⊖ Yes ⊖ No ⊖ N/A « Clear		
* Does this transfer include a grandfathered cluster of stations?		
○ Yes ○ No ○ N/A « Clear		
* NCE Diversity of Ownership Points. Does the transferee or any party to the application have an attributable interest in an NCE FM or NCE TV station received through the award of "diversity of ownership" points in the point system analysis?		
⊖Yes ⊖No ⊖N/A «Clear		

Character Issues
* Transferee certifies that neither transferee nor any party to the application has or has 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 any party to the application; or
(b) any pending broadcast application in which character issues have been raised.
⊖Yes ⊖No «Clear
Adverse Findings
Transferee certifies that, with respect to the transferee and each 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 law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination. O Yes O No Clear
Financial Qualifications
 Transferee certifies that sufficient net liquid assets are on hand or are available from committed sources to consummate the transaction and operate the station(s) for three months.
⊖Yes ⊖No «Clear
Program Service Certification
* Transferee certifies that it is cognizant of and will comply with its obligations as a Commission licensee to present a program service
responsive to the issues of public concern facing the station's community of license and service area.
○ Yes ○ No ○ N/A « Clear
Auction Authorization
* Transferee certifies that where less than five years have passed since the issuance of the construction permit and the permit had been acquired in an auction through the use of a bidding credit or other special measure, it would qualify for such credit or other special measure.
⊖Yes ⊖ No ⊖ N/A «Clear
Equal Employment Opportunity (EEO)
* If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this application a Model EEO Program Report on FCC Form 396-A.
O Yes O No O N/A ≪Clear
« Back

Transfers Transferee 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 O 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 O 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)) O Yes O 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 		
 6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act? ○ Yes ○ No ≪ Clear 		
 7) 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 		
« Back	Save	& Continue »

Transfers Rebroadcast Certification Summary	
* indicates required field	🖉 Attachments 🛛 Draft Copy
Output to the selected any translators.	
« Back	Save & Continue »

Transfers Application Summary		
	🖉 Attachments	🔊 Draft Copy
Please review your application before submitting. You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and a corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button		Make any

Transfers	
Licensee/P	Permittee Certify and Signature
* indicates required fi	field 🖉 Attachments 📃 Draft C
General Certifica	ation Statements
where it has made a	e certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee/Permittee further certifies th an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the tions and worksheets.
Act of 1988, 21 U.S.	nittee certifies that neither the Licensee/Permittee nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abus 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 ules, 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).
	nittee 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 lete, correct, and made in good faith.
Authorized Party	ty to Sign
FAILURE TO SIGN 1	THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID
	application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will res allation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization request
	TATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATIO AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).
I declare, under pen * indicates required fi	nalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. field
I declare, under per	analty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.
* indicates required fi	field
Date:	10/08/2020
* First Name:	
Middle Name:	
* Last Name:	
Suffix:	
* Title:	
* Attachments:	I certify that this application includes all required and relevant attachments.
« Back	Save & Continu

Transfers

Transferee Certify and Signature

* indicates required field

🖉 Attachments 🛛 🚨 Draft Copy

General Certification Statements

Transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.

The Transferee certifies that neither the Transferee 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 Transferee 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:	10/08/2020
* First Name:	
Middle Name:	
* Last Name:	
Suffix:	
* Title:	
* Attachments:	□ I certify that this application includes all required and relevant attachments.
	Save & Continue >

Transfers

Transferor Certify and Signature * indicates required field Attachments Draft Copy General Certification Statements Transferor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferor further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets. The Transferor certifies that neither the Transferor 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 Transferor 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: 10/08/2020 * First Name: Middle Name: * Last Name:

 Suffic:

 * Title:

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

 Submit Application