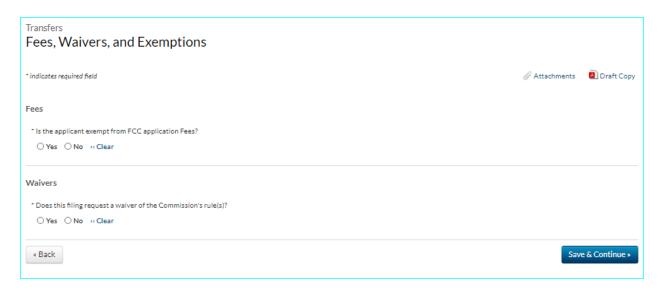
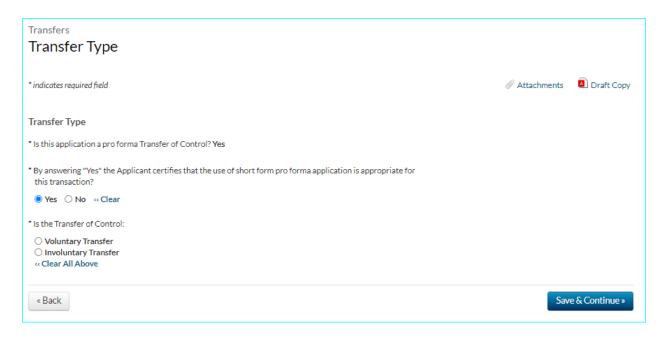
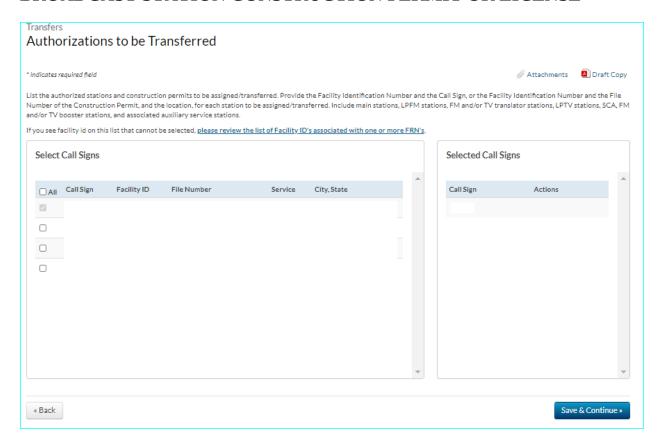
This set of screenshots tracks the Pro Forma Transfer of CP or License Application flow in LMS.

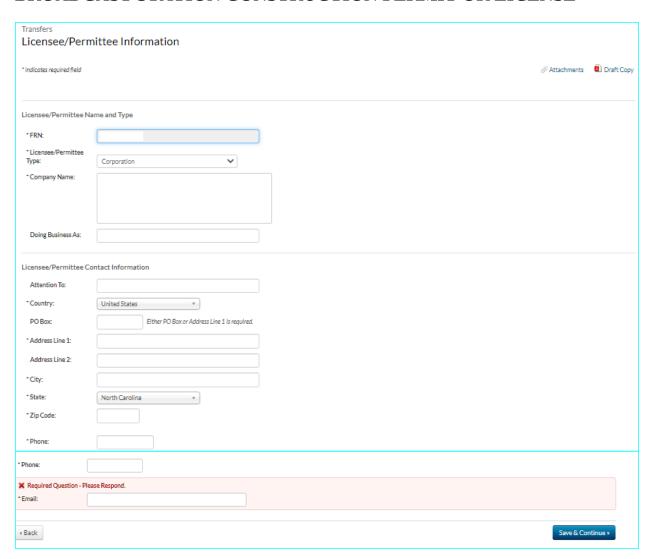
Transfers General Information		
* indicates required field	Attachments	☐ Draft Copy
Application Description		
Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Appli	cations workspace.	
Attachments		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

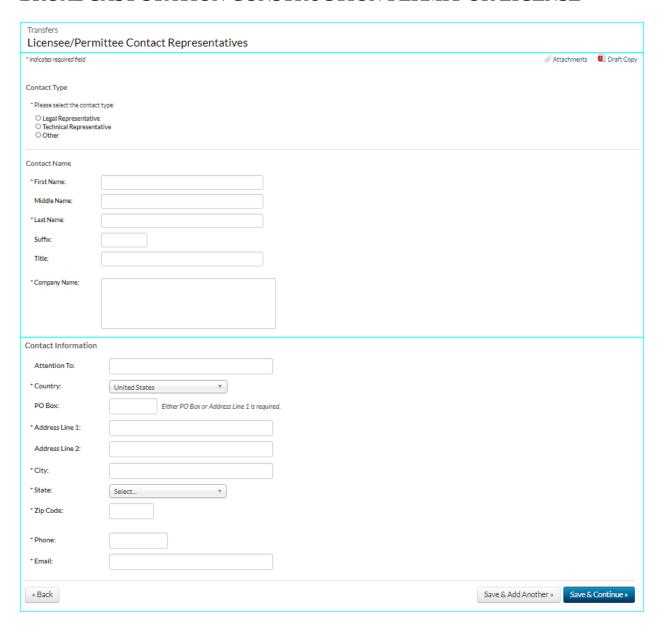


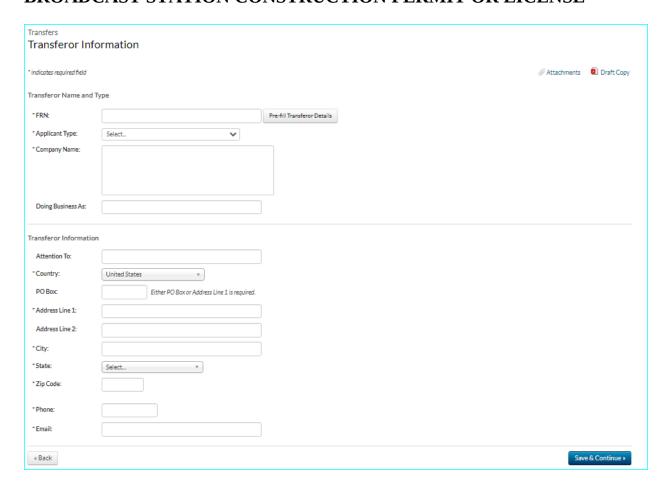


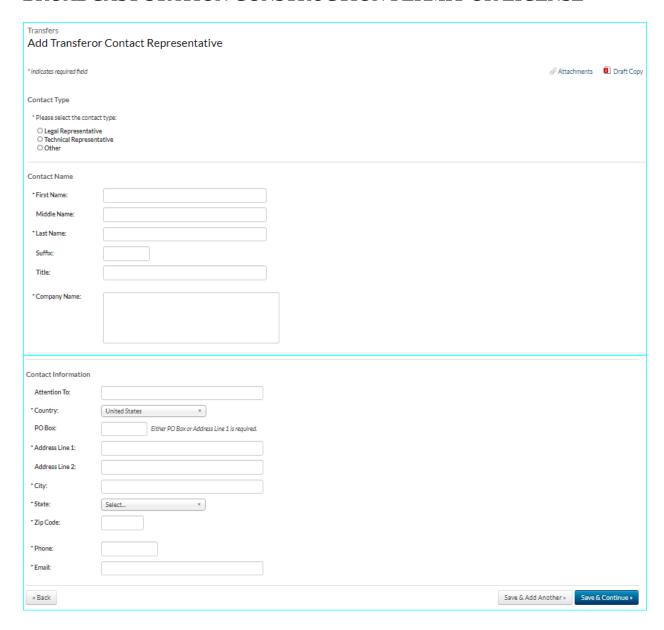




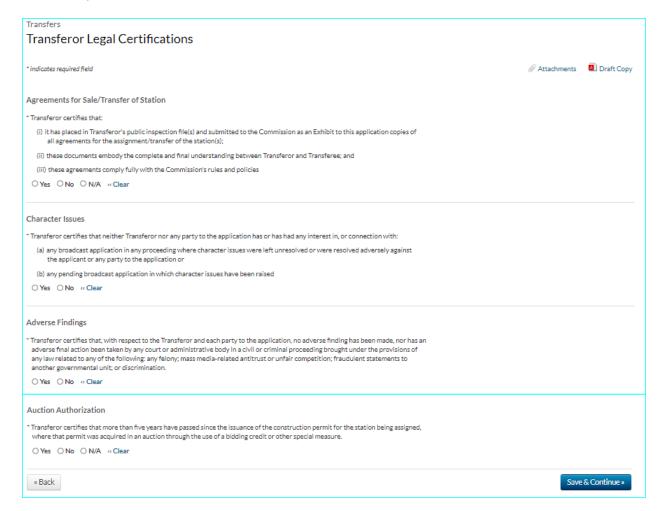




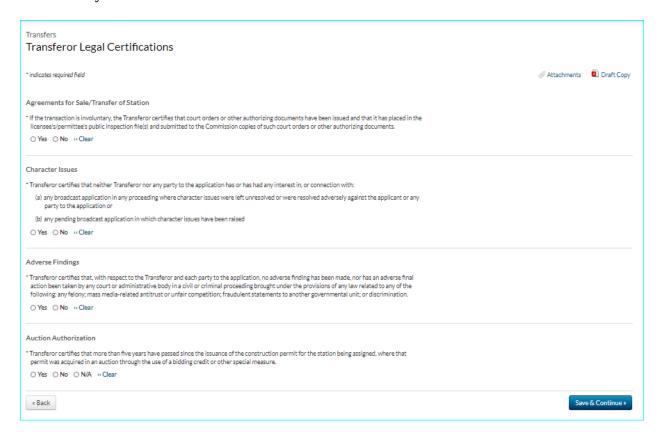


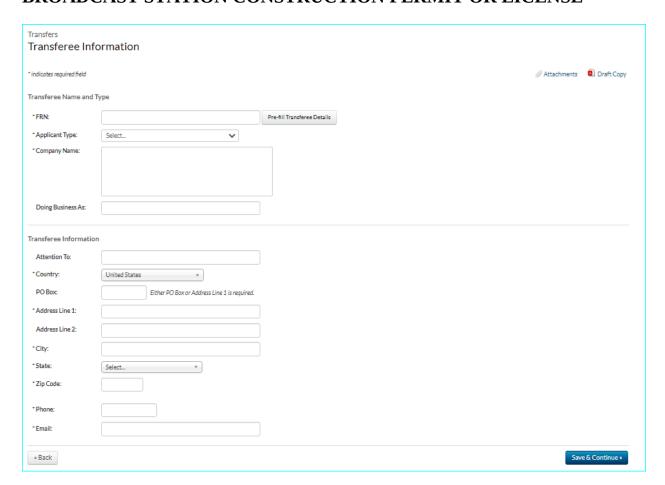


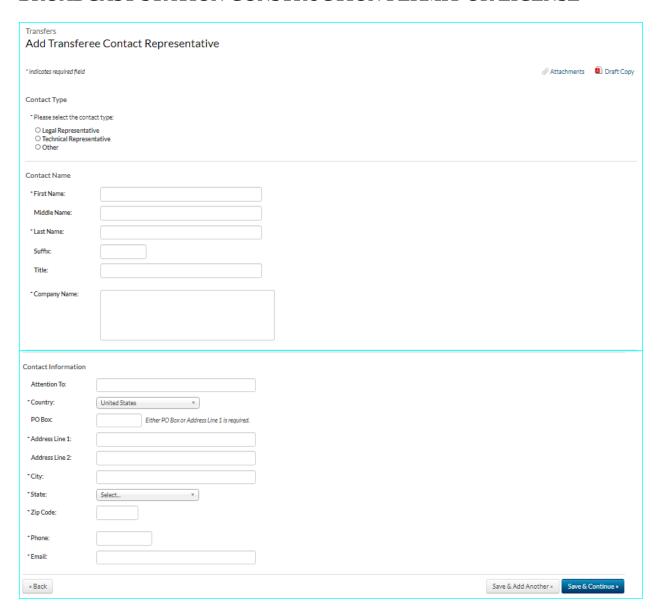
### "Voluntary" Transfer of Control Authorization selection

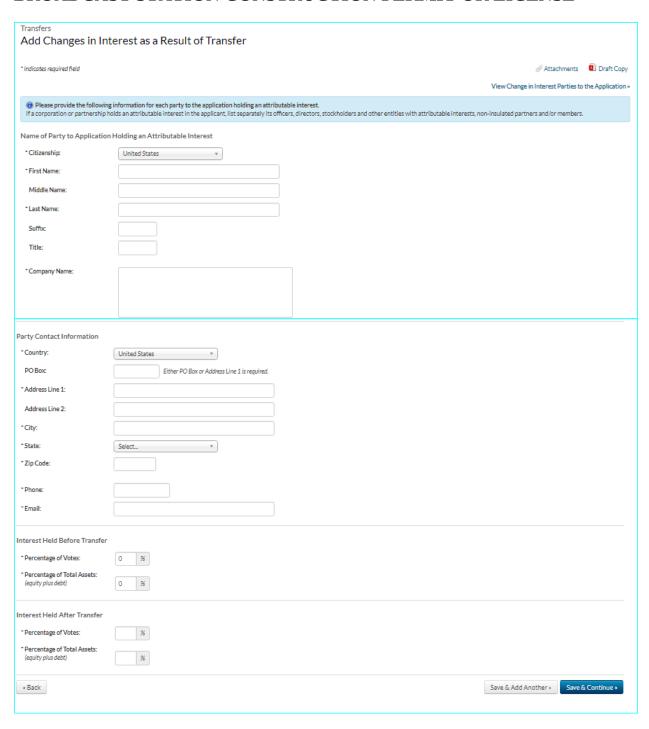


### "Involuntary" Transfer of Control Authorization selection

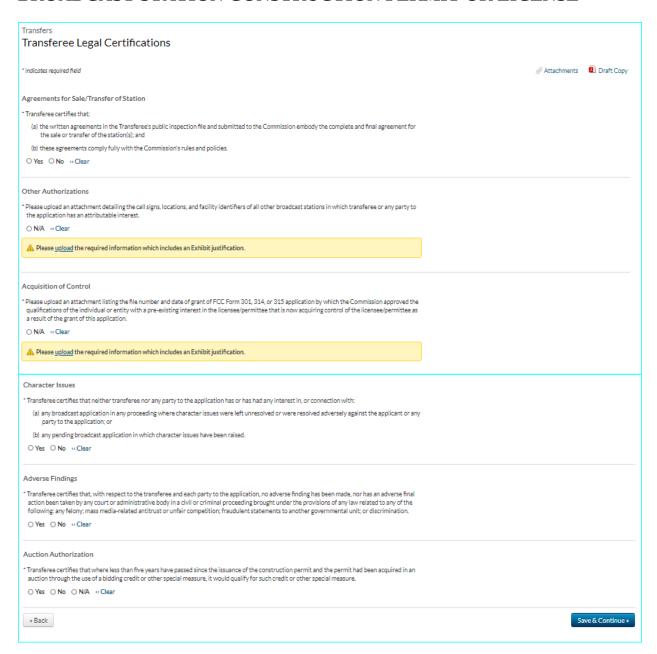


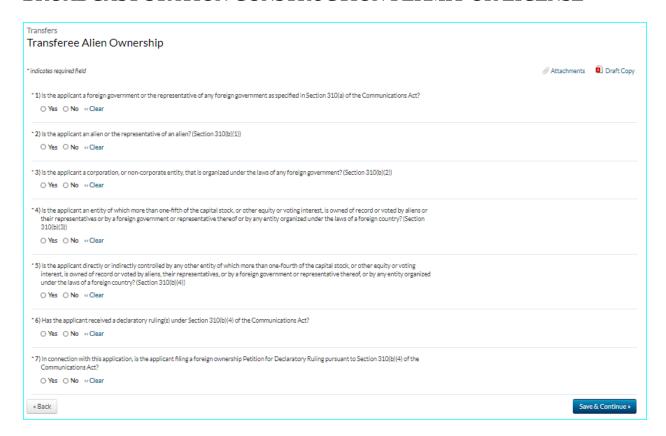












Estimated Time per Response -1.5-4.5 hours



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:			
Save & Continue >			

Transfers			
Transferor (	Certify and Signature		
Transferor	Cortiny and digitature		
* indicates required fiel	eld   Attachments   Draft Copy		
General Certificat	ation 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	y 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.		
	Submit Application		