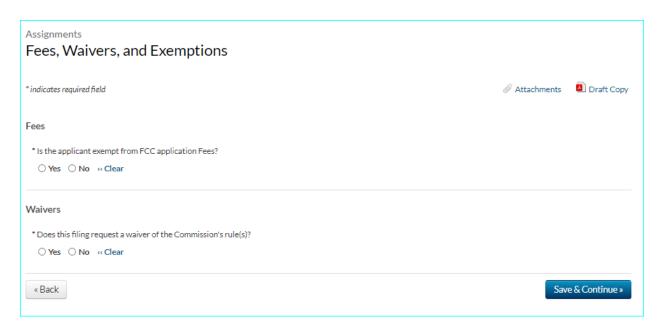
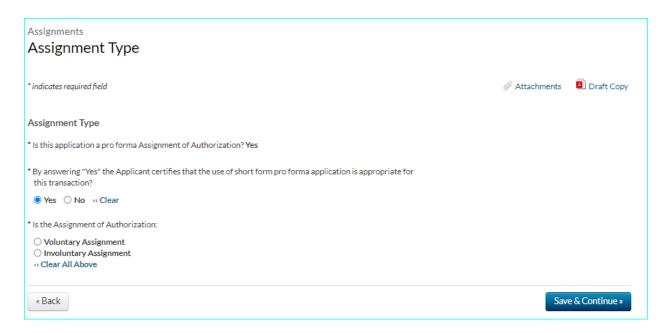
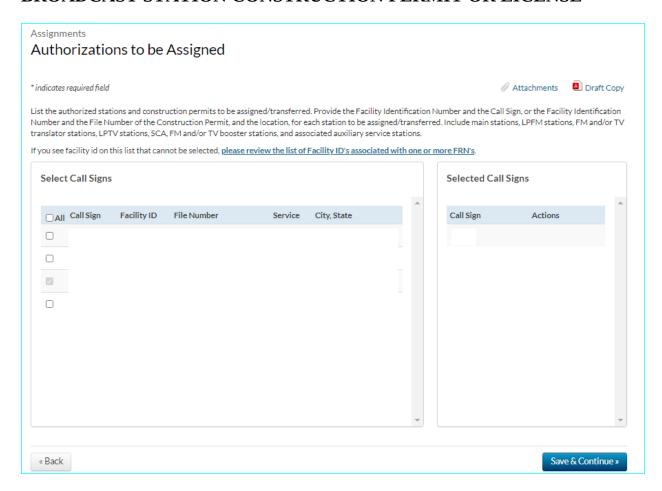
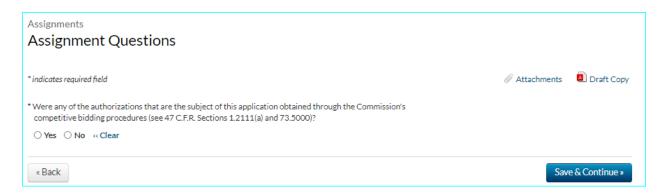
This set of screenshots tracks the *Pro Forma* Assignment of CP or License Application flow in LMS.

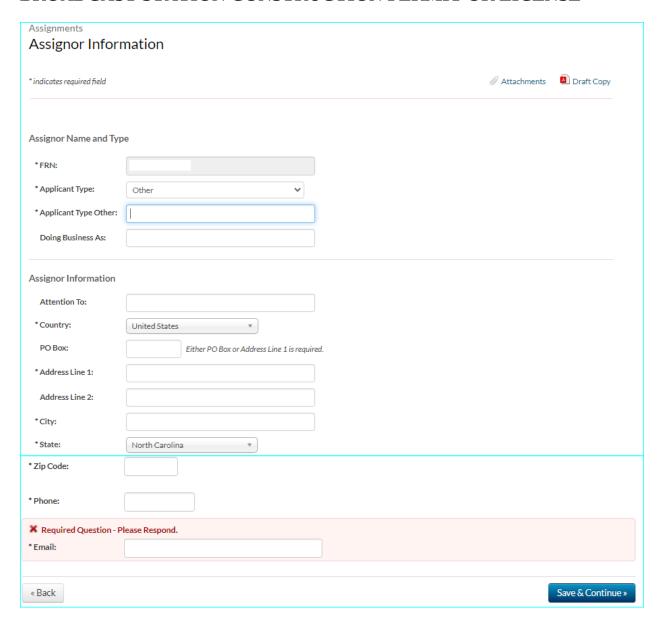
Assignments General Information
* indicates required field
Application Description
Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.
Attachments
Accoments
* Are attachments (other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

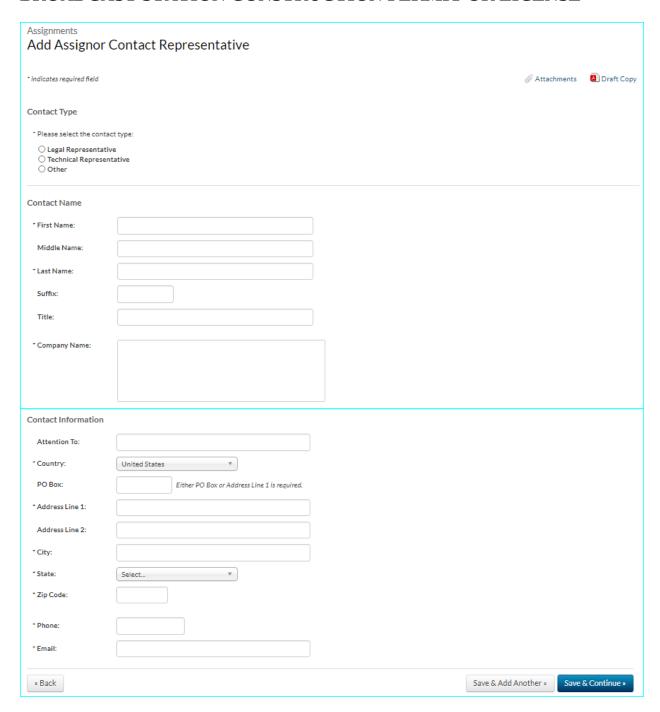




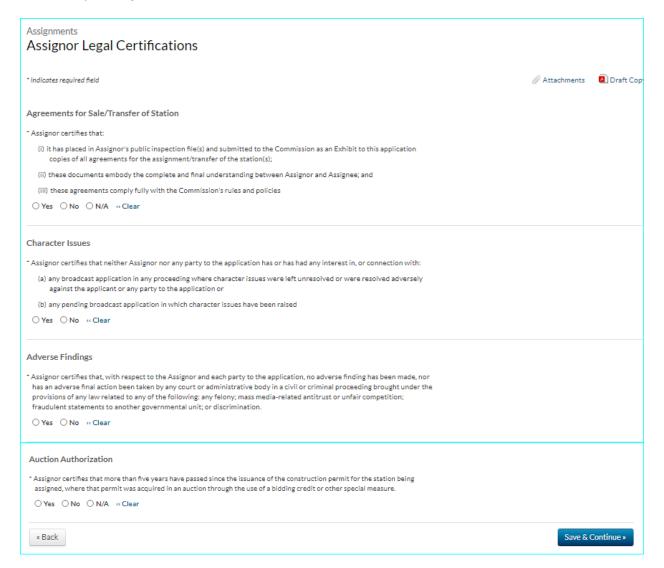




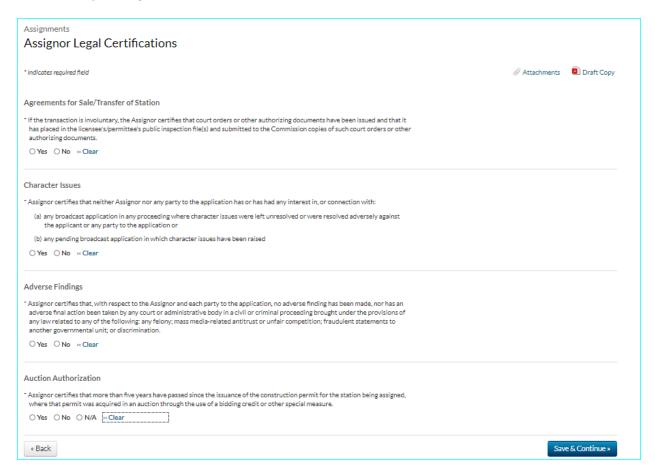


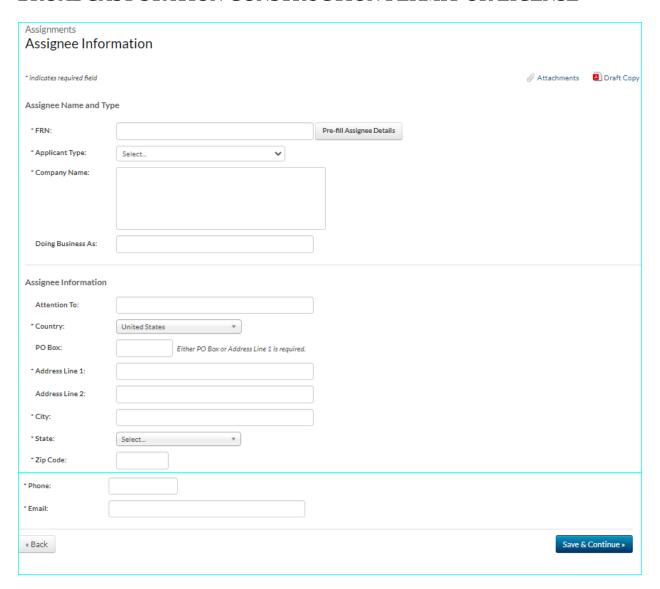


"Voluntary" Assignment of Authorization selection

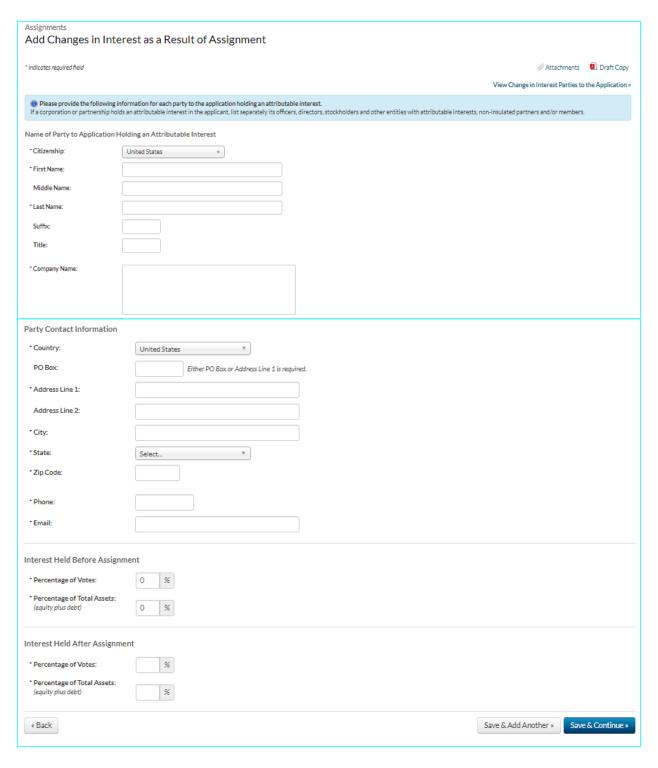


"Involuntary" Assignment of Authorization selection

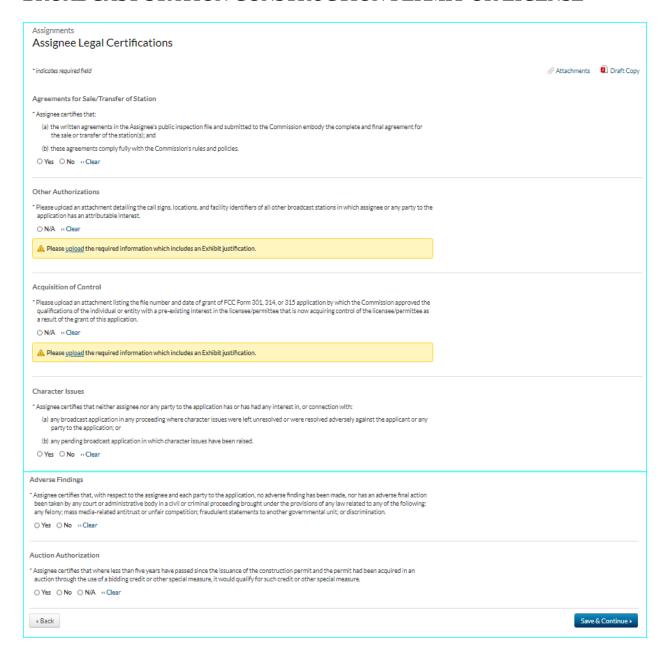


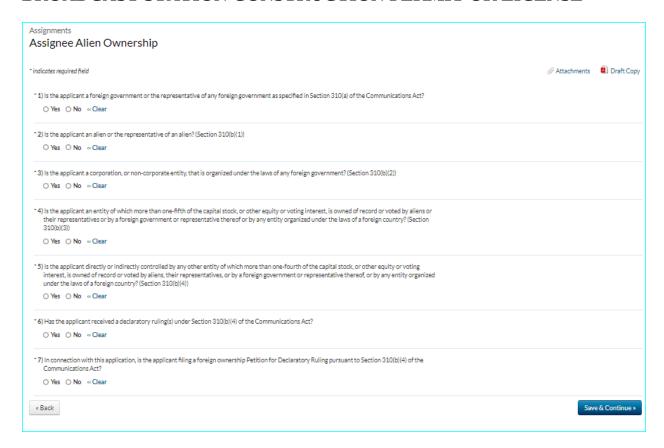


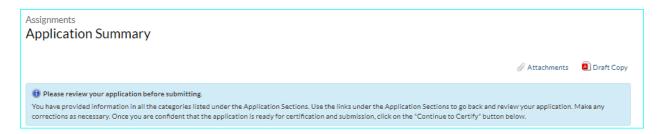
Assignments				
Add Assignee (Contact Representative			
	·			
* indicates required field				Draft Copy
indicates required field			Attachments	■ Draft Copy
Contact Type				
* Please select the contac				
C Legal Representative				
Technical RepresentOther	ative			
Contact Name				
* First Name:				
THE Nome.				
Middle Name:				
* Last Name:				
Suffix:				
Julia.				
Title:				
* Company Name:				
Contact Information				
Attention To:				
Attention to.				
* Country:	United States ▼			
PO Box:				
PO Box:	Either PO Box or Address Line 1 is required.			
* Address Line 1:				
Address Line 2:				
* City:				
* State:	Select ▼			
* Zip Code:				
Zip Code.				
* Phone:				
*Email:				
« Back		Save	& Add Another » Save &	Continue »











Estimated Time per Response – 1.5-4.5 hours

Assignments Assignee Ce	ertify and Signature			
* indicates required fiel	d Attachments ■ Draft Copy			
	ion Statements tit has answered each question in this application based on its review of the application instructions and worksheets. Assignee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application efficients and and an affirmative certification below, this certification constitutes its representation that the application efficients and an affirmative certification below, this certification constitutes its representation that the application efficient and an affirmative certification below, this certification constitutes its representation that the application efficient and application instructions and worksheets.			
certification does not	s that neither the Assignee nor any other party to the application is subject to a denial of Federal benefits pursuant to 55301 of the Anii-Drug Abuse Act of 1988, 21 U.S.C. 5882, because of a conviction for possession or distribution of a controlled substance. This apply to applications filed in services exempted under \$1,2002(s) of the rules, 47 CFR, 58 \$1,2002(s), for the definition of "party to the application" as used in this certification \$1,2002(s). If the subject is 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 FALLINE TO SIGNTHIS 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 will result in automatic cancellation of the Authorization. Consult appropriate PCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILFUL RULES 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, \$502).				
I declare, under penal * indicates required fiel	by of perjuny, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.			
Date:	10/05/2020			
* First Name:				
Middle Name:				
*Last Name:				
Suffic				
*Title:				
*Attachments:	Oracitly that this application includes all regulard and nelevant attachments.			
	Certify & Submit *Application will be submitted to the FCC inner both parties have certified.			

Estimated Time per Response – 1.5-4.5 hours

Assignments Assignor Co	ertify and Signature				
* indicates required fie	Ø Attachments □ Draft Copy				
General Certification Statements Assignor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignor 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 Assignor certifies that neither the Assignor nor any other party to the applications is subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Crug 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. \$2.2002[c], for the definition of "party to the application" as used in this certification \$1.2002[c]. The Assignor 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 Authorized Party to Sign Fallure 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. Fallure 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. WILLEU FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Tide 18, \$1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Tide 47, \$212(a)(1)), AND/OR FORFEITURE (U.S. Code, Tide 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:	10/05/2020				
*First Name:					
Middle Name:					
*Last Name:					
Suffic					
*Title:					
*Attachments:	O certify that this application includes all regulared and relevant attachments.				
	Certify & Submit *Application will be a submitted to the FCC when both parties have certified.				