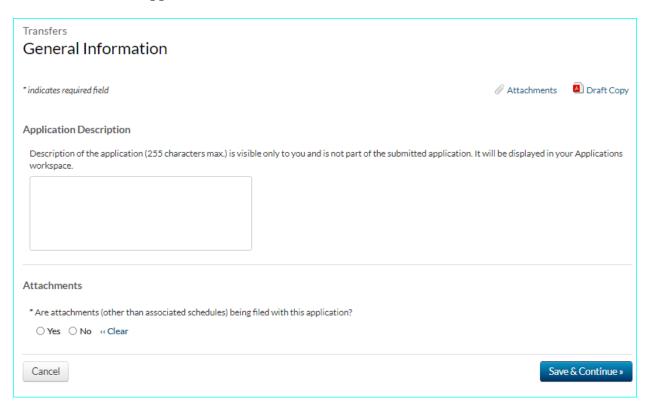
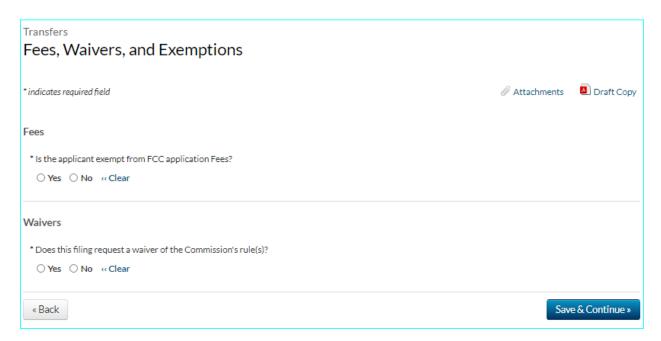
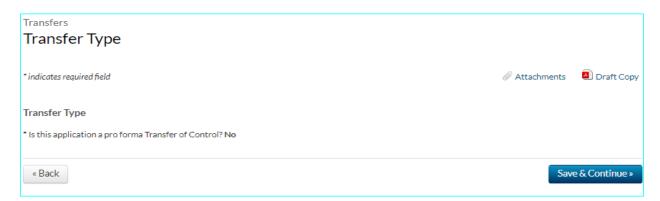
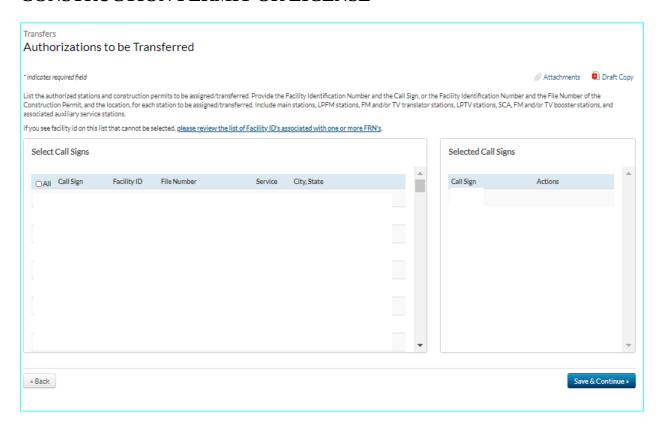
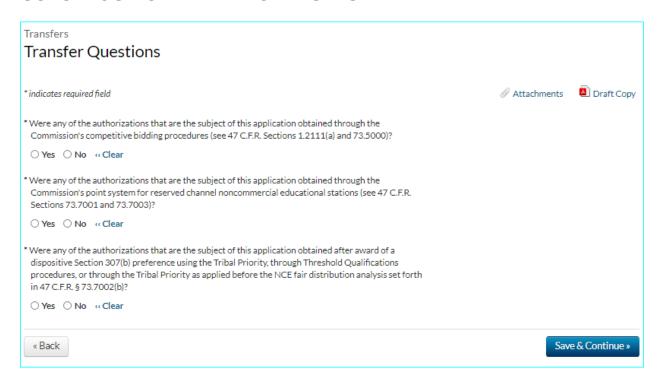
This set of screenshots tracks the Non-Pro Forma Transfer of Control of Construction Permit or License Application flow in LMS.

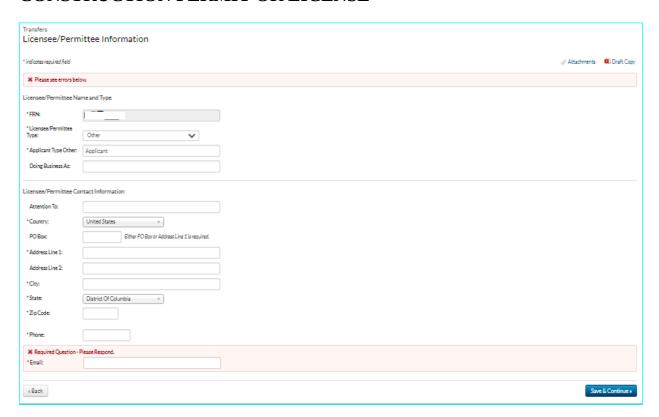


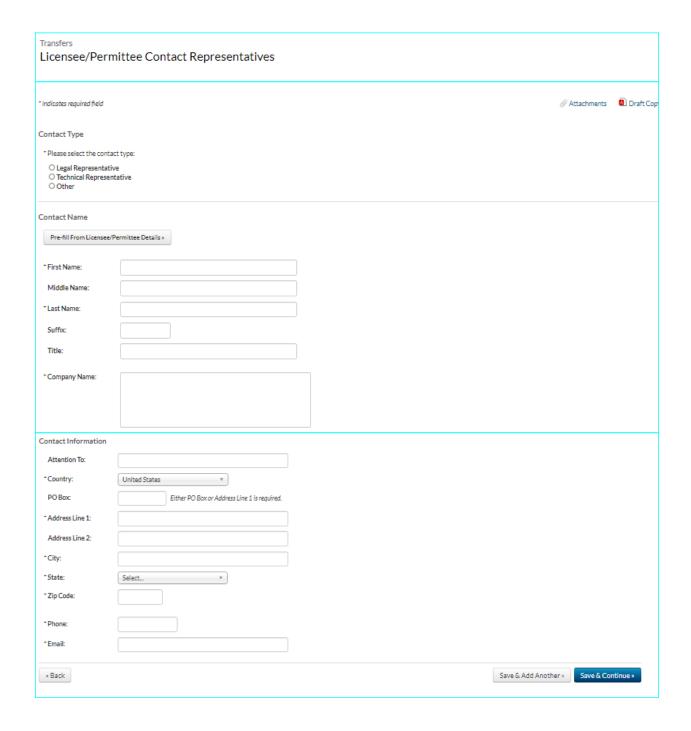


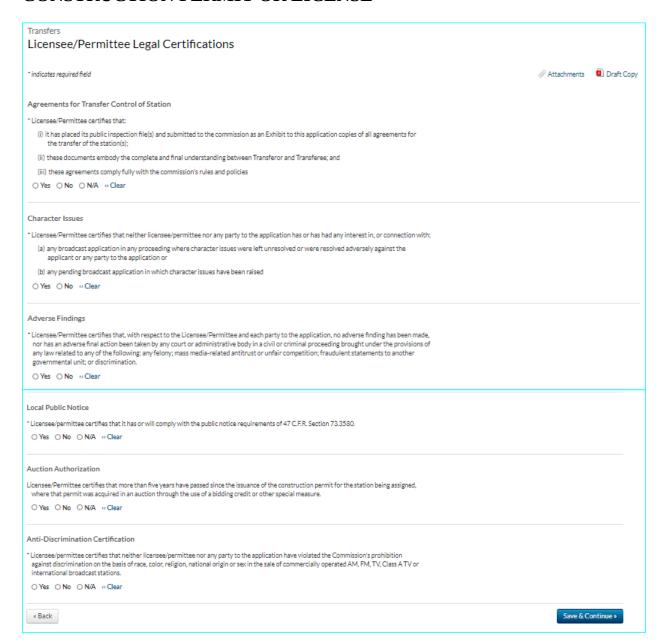


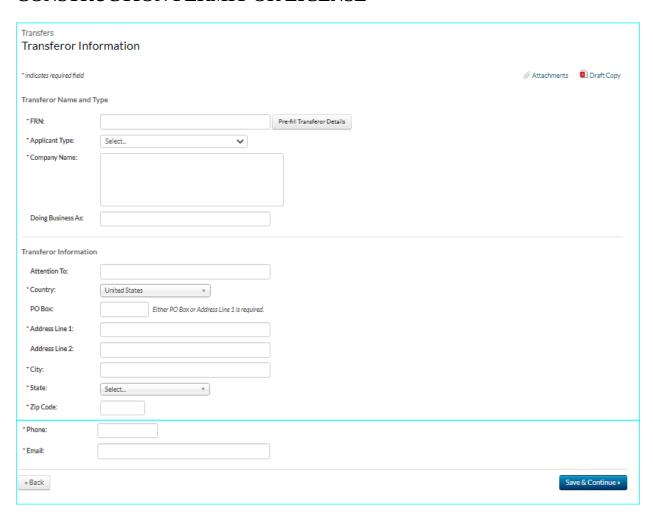


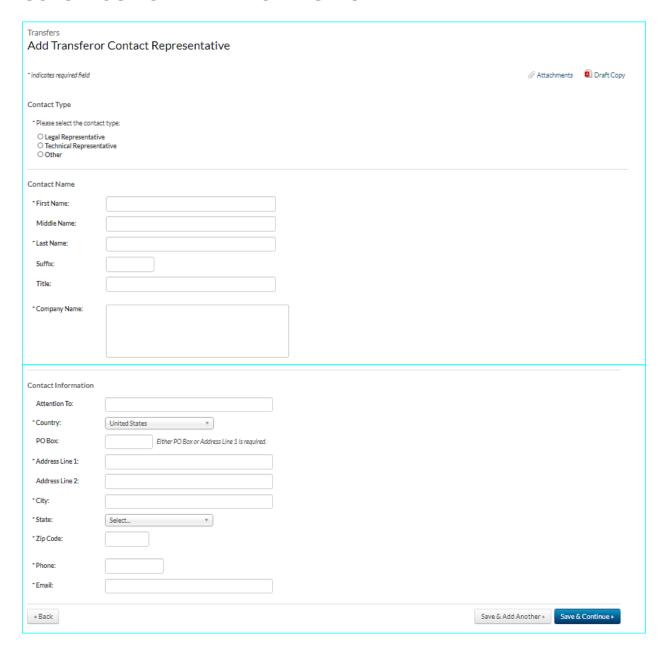


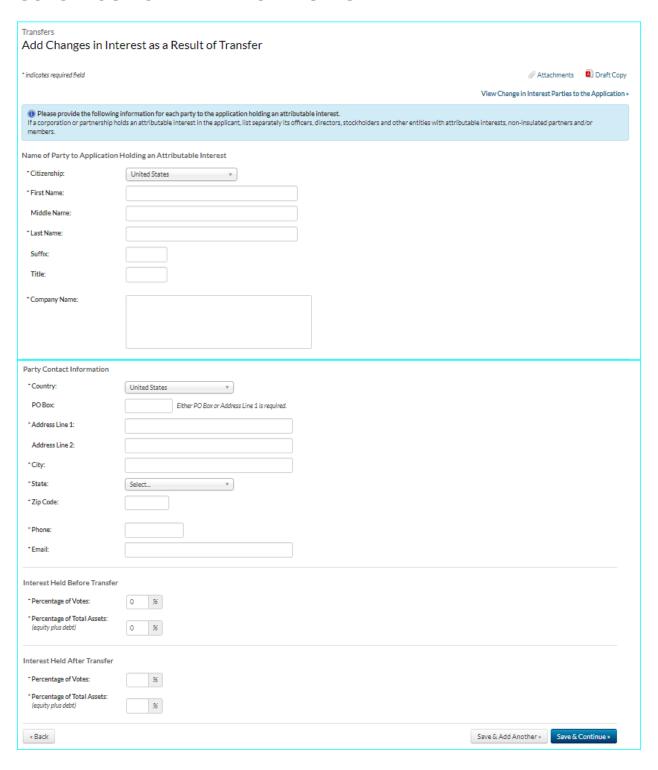


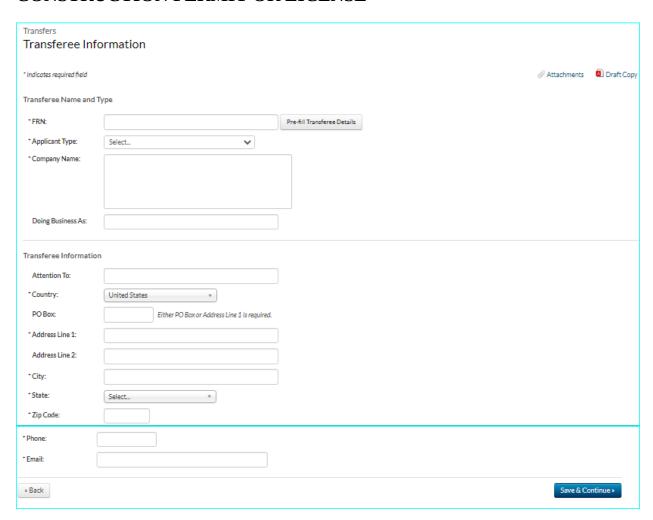


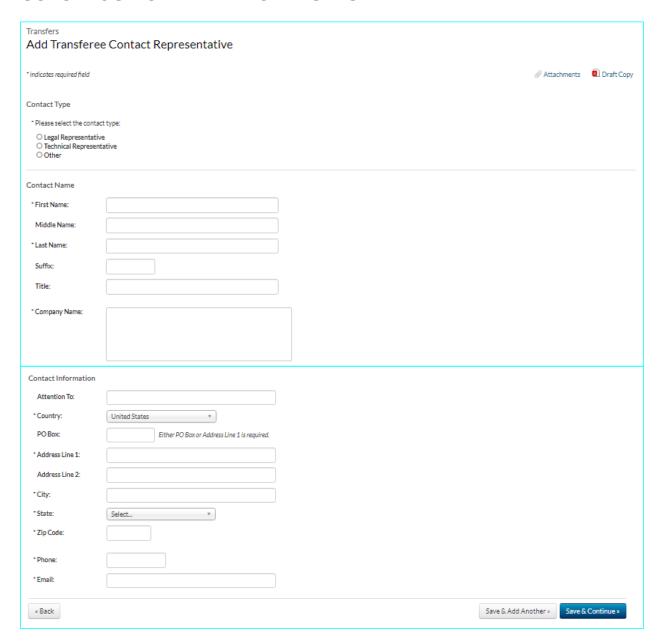


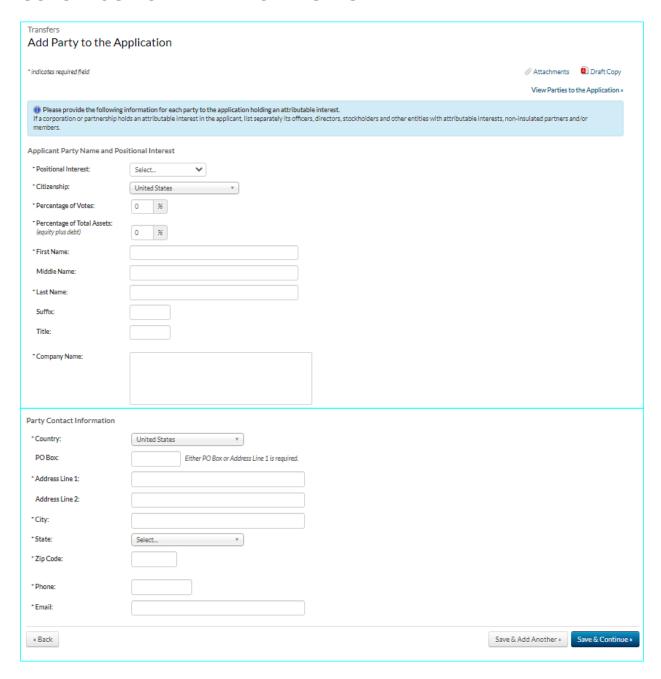




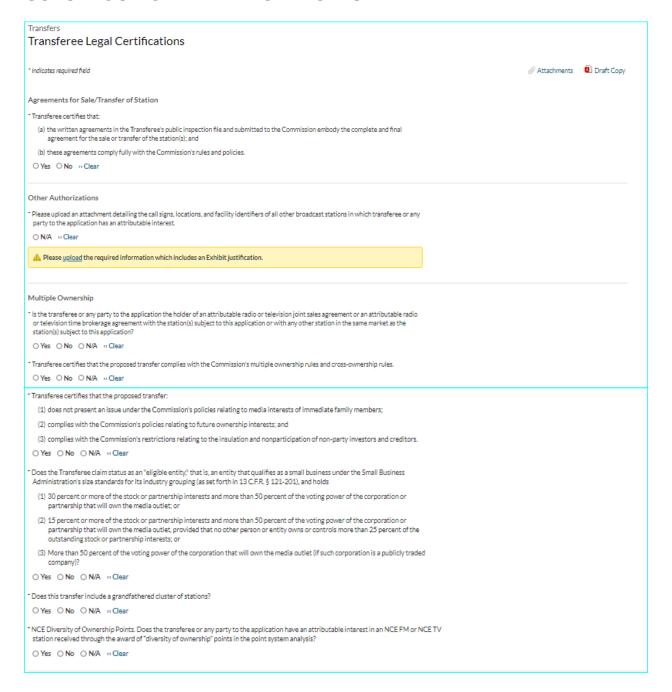




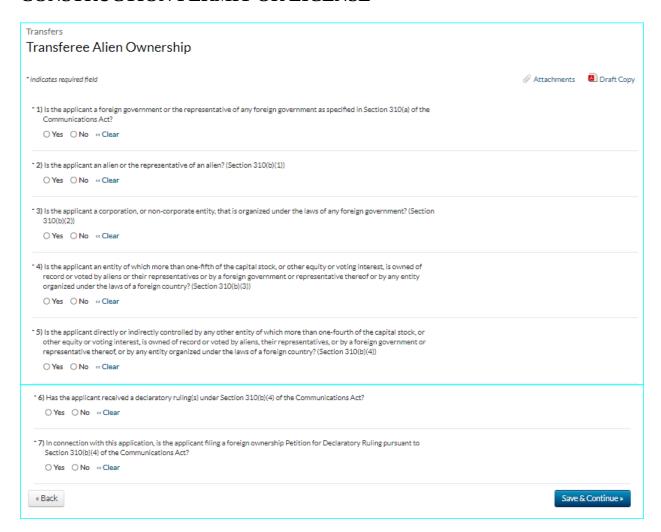


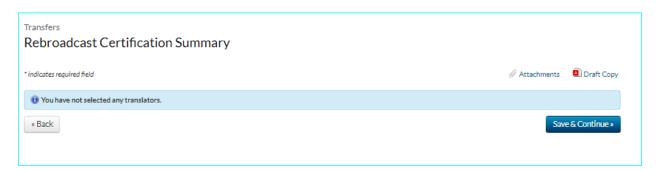




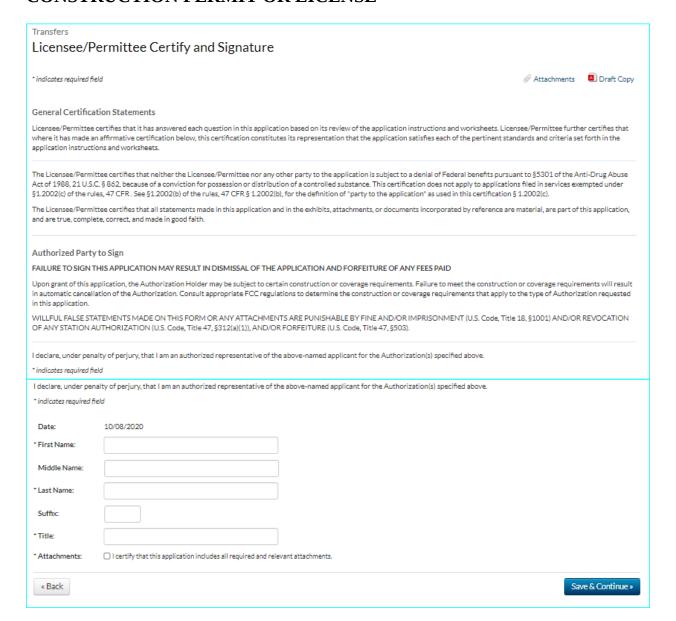


Character Issues		
*Transferee certifies that neither transferee nor any party to the application has or has had any interest in, or connection with:		
(a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party 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.		
○ Yes ○ 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.		
○Yes ○No ○N/A «Clear		
Save & Continue >		









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:		
Suffoc		
*Title:		
*Attachments:		
Save & Continue >		

Transfers		
Transferor Certify and Signature		
* indicates required fie	Ø 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. WILLEUL 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: *First Name: Middle Name: *Last Name:	10/08/2020	
Suffix:		
* Title:		
* Attachments:	☐ I certify that this application includes all required and relevant attachments.	
	Submit Application	