

Form 2100, Schedule 319 –LOW POWER FM STATION LICENSE APPLICATION

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

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 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*

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Waivers

* Does this filing request a waiver of the Commission's rule(s)?

Yes No [« Clear](#)



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Applicant Information

** indicates required field*

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Applicant Name and Type

* Applicant Type:

* Company Name:

Applicant Information

Attention To:

* Country:

PO Box:

Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

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Contact Representatives

** indicates required field*

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Contact Type

* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

Contact Name

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Company Name:

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Contact Information

Attention To:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
PO Box:	<input type="text"/>
<i>Either PO Box or Address Line 1 is required.</i>	
* Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text" value="Select..."/>
* Zip Code:	<input type="text"/>
* Phone:	<input type="text"/>
* Email:	<input type="text"/>

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Save & Add Another »

Save & Continue »

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Channel and Facility Information

** indicates required field*

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Proposed Community of License

Facility ID: 702731
Channel: 276
Frequency: 103.1 MHz

Station Class

* Selected Class: LP100

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Antenna Location Data

* indicates required field

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Please enter all required information.

Coordinates (NAD83)

	DD	MM	SS.S	Direction
* Latitude (NAD83):	<input type="text" value="31"/>	<input type="text" value="41"/>	<input type="text" value="11"/>	<input type="text" value="N+"/>
	DDD	MM	SS.S	Direction
* Longitude (NAD83):	<input type="text" value="089"/>	<input type="text" value="07"/>	<input type="text" value="59"/>	<input type="text" value="W-"/>

Antenna Data

	Horizontal	Vertical
* Effective Radiated Power:	<input type="text"/> W	<input type="text"/> W

✖ Required Question - Please Respond.

* Transmitter Power Output: W

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Antenna Technical Data

** indicates required field*

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Transmitting Antenna

* Manufacturer / Make :

* Model:

* Number of Sections:

(1 - 20 - must be a whole number, decimals not allowed)

* Spacing Between Sections
(wavelength):

(0.5 - 1.5 - may be to tenths decimal place, at most)

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Technical Certifications

** indicates required field*

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Transmitter Power Output

* Does the operating transmitter power output produce the authorized effective radiated power?

Yes No [« Clear](#)

Constructed Facility

* The facility was constructed as authorized in the underlying construction permit or complies 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 significant environmental effect? See 47 C.F.R. Section 1.1306?

Yes No [« Clear](#)



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Modification of License Certifications

** indicates required field*

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Change in Hours of Operation

* Is this application being filed to authorize a change in hours of operation?

Yes No N/A [« Clear](#)

Replacement of antenna

* Is this application being filed to authorize the replacement of the licensed nondirectional antenna with another nondirectional antenna within 2 meters above or 4 meters below the licensed antenna center of radiation? See 47 CFR Section 73.875(c)(1)

Yes No N/A [« Clear](#)

Replacement of transmission line

* Is this application being filed to authorize a replacement of the transmission line that resulted in a change in licensed transmitter power output, but not the effective radiated power? See 47 CFR Section 73.875(c)(2)?

Yes No N/A [« Clear](#)

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Certification

* indicates required field

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General Certification Statements

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended).

The Applicant certifies that neither the Applicant 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 Applicant 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: 12/07/2018

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

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