

Annual DTV Ancillary/Supplementary Services Report

Approved by OMB 3060-0906  
May 2015

## General Information

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\* 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.

#### APPLICATION SECTIONS

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[Contact Representatives](#)

[Ancillary/Supplementary Services](#)

[Application Summary](#)

[Certify](#)

### Attachments

\* Are attachments (other than associated schedules) being filed with this application?

Yes  No [Clear](#)

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Plain Writing Act  
2009 Recovery and Reinvestment Act

Annual DTV Ancillary/Supplementary Services Report  
**Applicant Information**

Approved by OMB 3060-0906  
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[Attachments](#) [Draft Copy](#)

APPLICATION SECTIONS
General Information
<b>Applicant Information</b>
✓ Contact Representatives
Ancillary/Supplementary Services
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Certify

**Authorization Holder Name**

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Applicant Name and Type**

\* Applicant Type:

\* Applicant Type Other:

Doing Business As:

**Applicant Contact 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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## Applicant Information

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### APPLICATION SECTIONS

General Information

**✘ Applicant Information**

**➔ Contact Representatives**

Ancillary/Supplementary Services

Application Summary

Certify

### Contact Type

\* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

### Contact Name

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:

### Contact 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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# Ancillary/Supplementary Services

\* indicates required field

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\* Ancillary/Supplementary Services Provided. Briefly describe below the service provided; the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.

Description of Service	Gross Revenues (\$)	Bitstream Used	Action
Testing	10000.00	2 MB/s	
testing2	5000	1 MB/s	Remove
<a href="#">Add Row</a>			

Total amount of gross revenues derived from feeable ancillary or supplementary services: \$60000.00

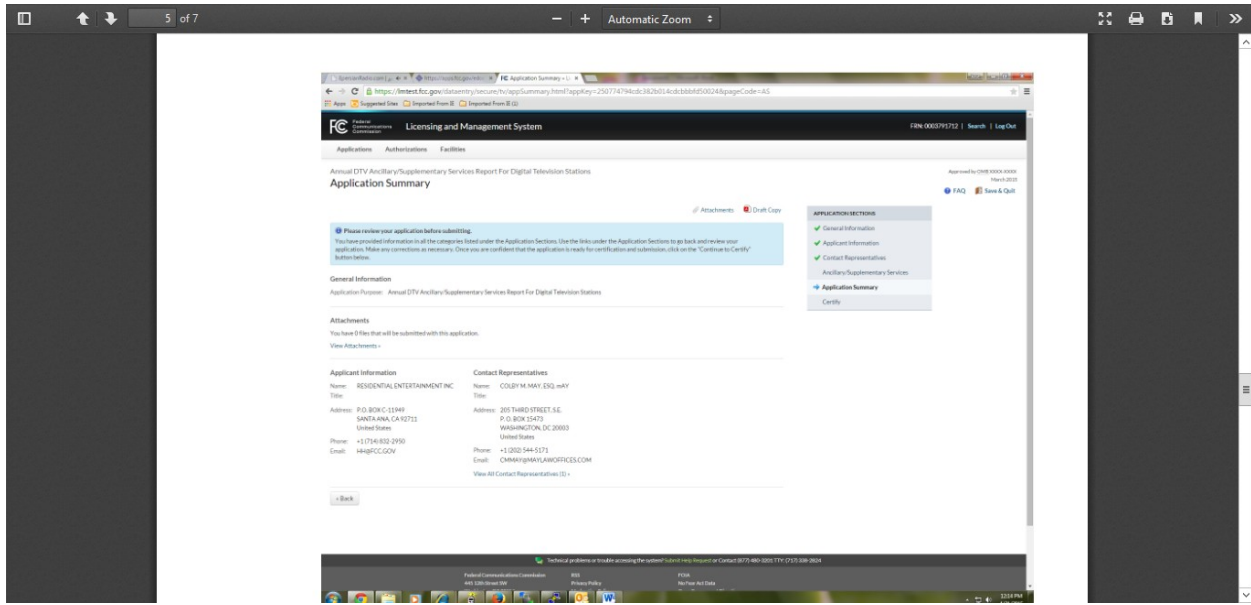
The Annual DTV Service Fee which is 5 percent of the total of gross Revenue is: \$3000.00

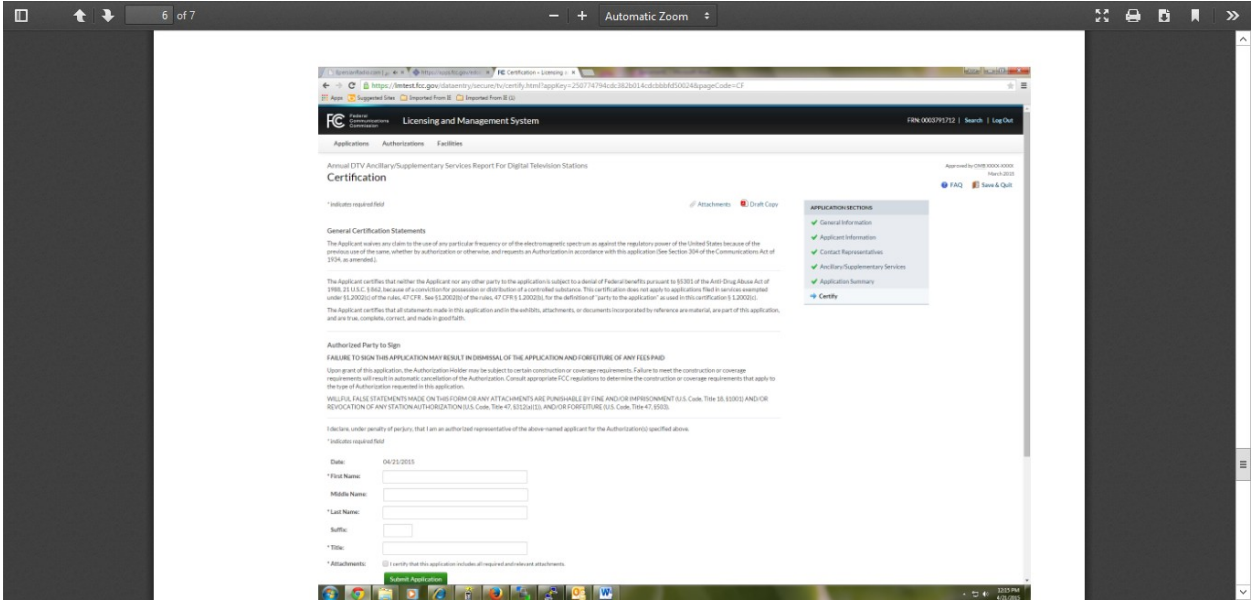
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APPLICATION SECTIONS

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- Ancillary/Supplementary Services**
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Applications Authorizations Facilities

Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations Approved for CRB: 0000-0000-0000-0000

### Certification

\* Indicates required field Attachments Draft Copy

**APPLICATION STEPS**

- General Information
- Applicant Information
- Contact Representative
- Ancillary/Supplementary Services
- Application Summary
- Certify**

**General Certification Statements**

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 also only applies to applications filed in service requested under § 1.2002(i) of the rules, 47 CFR § 1.2002(i), for the definition of "party to the application" as used in this certification § 1.2002(i).

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 Author(s) shall remain subject to 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, Section 1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 153) AND/OR FORFEITURE (U.S. Code, Title 47, Section 153).**

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: 04/23/2015

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Attachments:  (Click to add this application includes required and optional attachments)

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