

# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

This set of screen shots captures the FM Translator or FM Booster Construction Permit 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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### Fees

\* Is the applicant exempt from FCC application Fees?

Yes  No [«Clear](#)

\* Is the applicant exempt from FCC regulatory Fees?

Yes  No [«Clear](#)

### Waivers

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

Yes  No [«Clear](#)


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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## 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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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## 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:

\* 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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[Save & Add Another »](#)

[Save & Continue »](#)

# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Alien Ownership

\* indicates required field

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1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?

Yes  No [« Clear](#)

2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1))

Yes  No [« Clear](#)

3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2))


Yes  No [« Clear](#)

4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3))

Yes  No [« Clear](#)

5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))


Yes  No [« Clear](#)

 Please **upload** the required information which includes an attachment explaining the circumstances.

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6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?

Yes  No [« Clear](#)

 Please **upload** the required information which includes an exhibit containing the citation(s) of the applicable declaratory ruling(s) by DA/FCC number or the FCC Record citation, if available, release date, and any other identifying information.

Enter the citation of the applicable declaratory ruling by DA/FCC number, FCC Record citation, release date, or any other identifying information.

7) Has there been any change in the applicant's foreign ownership since issuance of the declaratory ruling(s) cited in response to Question 6?

Yes  No [« Clear](#)

8) Does the applicant certify that it is in compliance with the terms and conditions of the foreign ownership declaratory ruling(s) cited in response to Question 6?

Yes  No [« Clear](#)

9) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?

Yes  No [« Clear](#)

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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Legal Certifications

\* indicates required field

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### Operational Compliance

\* Applicant certifies that it is not the licensee or permittee of the commercial primary station being rebroadcast and that neither it nor any parties to the application have any interest in or connection with the commercial primary station being rebroadcast? See 47 C.F.R. Section 74.1232(d).

Yes  No  N/A [« Clear](#)

\* Applicant certifies that the FM translator's (a) 1mV/m coverage contour does not extend beyond the protected contour of the commercial FM primary station to be rebroadcast, or (b) entire 1mV/m coverage contour is contained within the greater of either: (i) the 2 mV/m daytime contour of the commercial AM primary station to be rebroadcast, or (ii) a 25-mile radius centered at the commercial AM primary station's transmitter site.

Yes  No  N/A [« Clear](#)

### Support Compliance

\* The applicant, if for a commercial FM translator station with a coverage contour extending beyond the protected contour of the commercial primary station being rebroadcast, certifies that it has not received any support, before or after constructing, directly or indirectly, from the licensee/permittee of the primary station or any person with an interest in or connection with the licensee or permittee of the primary station, except for technical assistance as provided for under 47 C.F.R. Section 74.1232(e).

Yes  No  N/A [« Clear](#)

### Rebroadcast Certification

\* For applicants proposing translator rebroadcasts that are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted.

Yes  No  N/A [« Clear](#)

### Character Issues

\* Applicant certifies that neither the applicant nor any party to the application has or 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 party to the application; or (b) any pending broadcast application in which character issues have been raised.

Yes  No [« Clear](#)

### Adverse Findings

\* Applicant certifies that, with respect to the applicant and any 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 laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

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Yes  No [« Clear](#)

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### Program Service Certification

\* Applicant 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 [« Clear](#)

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### Local Public Notice

\* Applicant certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580.

Yes  No  N/A [« Clear](#)

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### Auction Authorization

\* If the application is being submitted to obtain a construction permit for which the applicant was the winning bidder in an auction, then the applicant certifies, pursuant to 47 C.F.R. Section 73.5005(a), that it has attached an exhibit containing the information required by 47 C.F.R. Sections 1.2107(d), 1.2110(i), 1.2112(a) and 1.2112(b), if applicable.

Yes  No  N/A [« Clear](#)

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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Noncommercial Educational FM Translator Point System Factors/Tie Breakers

\* indicates required field

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Point system factors are used to select among mutually exclusive noncommercial educational FM translator applications for new stations and major modifications on reserved channels only.

NOTE: Applicants will not receive any additional points for amendments made after the close of the application filing window.

**Preliminary matter:** Does this application provide fill-in service only?

Yes  No [« Clear](#)

### Established Local Applicant:

Applicant certifies that for at least the 24 months immediately prior to application, and continuing through the present, it qualifies as a local applicant pursuant to 47 C.F.R. Section 73.7000, that its governing documents require that such localism be maintained, and that it has placed documentation of its qualifications as an established local applicant in a local public inspection file and has submitted to the Commission copies of the documentation.

Yes  No [« Clear](#)

### Diversity of Ownership:

Applicant certifies that the principal community (city grade) contour of the proposed station does not overlap the principal community contour of any other authorized station (comparing radio to radio and television to television, including non-fill-in translator stations other than those identified in (b) below) in which any party to the application has an attributable interest as defined in 47 C.F.R. Section 73.3555, that its governing documents require that such diversity be maintained, and that it has placed documentation of its diversity qualifications in a local public inspection file and has submitted to the Commission copies of the documentation.

Yes  No [« Clear](#)

### State-wide Network:

Applicant certifies that (a) it has NOT claimed a credit for diversity of ownership above; (b) it is one of the three specific types of organizations described in 47 C.F.R. Section 73.7003(b)(3); and (c) it has placed documentation of its qualifications in a local public inspection file and has submitted to the Commission copies of the documentation.

Yes  No [« Clear](#)

### Technical Parameters

Applicant certifies that the numbers in the boxes below accurately reflect the new (increased) area and population that its proposal would serve with a 60 dBu (FM) signal measured in accordance with the standard predicted contours in 47 C.F.R. Section 73.313(c) and that it has documented the basis for its calculations in the local public inspection file and has submitted copies to the Commission. Major modification applicants should include the area of proposed increase only (exclude the station's existing service area). (Points, if any, will be determined by FCC)

Yes  No [« Clear](#)

New (increased) area served in square kilometers (excluding areas of water): \_\_\_\_\_  
Population served based on the most recent census block data from the United States: \_\_\_\_\_

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### Tie Breakers

#### Existing Authorizations

- a) By placing a number below, the applicant certifies that it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, existing authorizations for the following number of relevant broadcast stations. FM translator applicants should count all attributable full service radio stations, AM and FM, commercial and noncommercial and FM translator stations other than fill-in stations.

\_\_\_\_\_ (number of commercial and noncommercial licenses and construction permits)

- b) (Fill-in Applicants Only.) By placing a number below, the applicant certifies that, in addition to the station identified in (a), it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, existing authorizations for the following number of FM translators.

\_\_\_\_\_

#### Pending Applications

- a) By placing a number below, the applicant certifies that it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, pending applications for new or major changes to the following number of relevant broadcast stations. FM translator applicants should count all attributable full service radio stations, AM and FM, commercial and noncommercial and FM translator stations other than fill-in stations.

\_\_\_\_\_ (number of commercial and noncommercial licenses and construction permits)

- b) (Fill-in Applicants Only.) By placing a number below, the applicant certifies that, in addition to the station identified in (a), it and any persons and organizations with attributable interests in the applicant pursuant to 47 C.F.R. Section 73.3555 have, as of the date of filing, existing authorizations for the following number of FM translators.

\_\_\_\_\_

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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Channel and Facility Information

*\* indicates required field*

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### Proposed Community of License

Facility ID: 702832

\* State:

\* City:

\* Channel:

\* Frequency:  MHz

### Facility Type

Selected Facility Type: Commercial

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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Antenna Location Data

\* indicates required field

[Attachments](#) [Draft Copy](#)

### Antenna Structure Registration

\* Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes  No  Filed with the FAA [« Clear](#)

### Coordinates (NAD83)

* Latitude (NAD83):	DD	MM	SS.S	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Longitude (NAD83):	DDD	MM	SS.S	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Structure Type:	<input type="text" value="Select..."/>			
* Overall Structure Height:	<input type="text"/>	meters		
* Support Structure Height:	<input type="text"/>	meters		
* Ground Elevation (AMSL):	<input type="text"/>	meters		

### Antenna Data

	Horizontal	Vertical
* Height of Radiation Center Above Ground Level:	<input type="text"/> meters	<input type="text"/> meters
* Height of Radiation Center Above Average Terrain:	<input type="text"/> meters	<input type="text"/> meters
* Height of Radiation Center Above Mean Sea Level: ⓘ	<input type="text"/> meters	<input type="text"/> meters
* Effective Radiated Power:	<input type="text"/> kW	<input type="text"/> kW

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## Antenna Technical Data

\* indicates required field

 Attachments  Draft Copy

### Antenna Type

\* Please select an antenna type:

- Directional
- Non-Directional
- [« Clear](#)

### Primary Station Community of License

To find the Primary Station's Community of License, enter the station's Facility ID then click the Find button.

Facility ID:

Find

### Delivery Method

\* Please select the delivery method:

- Wired
- Via Call Sign
- Direct-off-air
- Microwave
- Phone line
- Satellite
- Internet
- Other
- [« Clear](#)

### Transmitting Antenna

\* Manufacturer / Make :

\* Model:



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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Technical Certifications

*\* indicates required field*

 Attachments  Draft Copy

### Proposal Compliance

\* Applicant certifies that the proposal is for a fill-in translator or booster.

Yes  No [« Clear](#)

\* Applicant certifies that the proposal complies with Sections 74.1204, 74.1205, 74.1232, and 74.1234.

Yes  No [« Clear](#)

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### 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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# Form 2100, Schedule 349 - FM TRANSLATOR OR FM BOOSTER STATION CONSTRUCTION PERMIT APPLICATION

## Certification

\* indicates required field

 Attachments  Draft Copy

### 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.