

Full Power FM Digital Notification Application

General Information

* indicates required field

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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 »

Applicant Information

* indicates required field

 Attachments

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Please enter all required information.

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:

✘ Required Question - Please Respond.

* Email:

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Digital Notification

* indicates required field

* The date new or modified digital operation commenced or ceased:
(mm/dd/yyyy)

Licensee's Technical Representative:

* First Name:

* Last Name:

* Phone:

Effective Radiated Power

Analog (kW):

Digital (kW):

Transmitter Output Power

Combined for low-level combined systems (kW):

Analog for separate analog systems (kW):

Digital for separate digital systems (kW):

* Licensee certifies its analog effective radiated power will remain as authorized after commencement of digital operations

Yes No [« Clear](#)

* Licensee certifies that, except for digital power, its facilities conform to the iBiquity Digital Corporation hybrid specification

Yes No [« Clear](#)

* Licensee certifies that its interim digital operations will not cause human exposure to levels of radio frequency radiation in excess of Section 1.1310 of the Commission's rules and is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b):

Yes No [« Clear](#)

* **The type of notification:**

- Hybrid Notification
- Reversion from Hybrid to Analog Operation
- 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: 10/19/2023

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

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