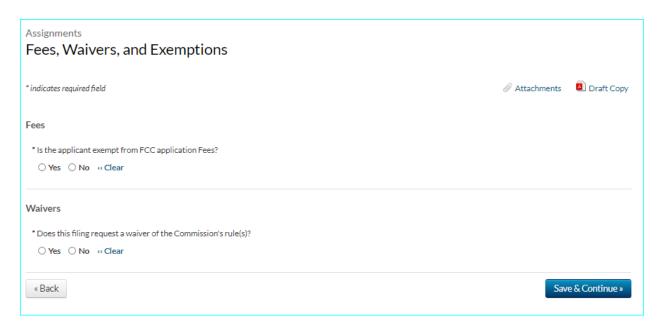
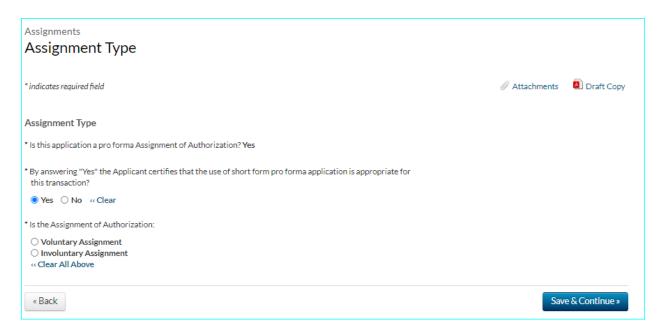
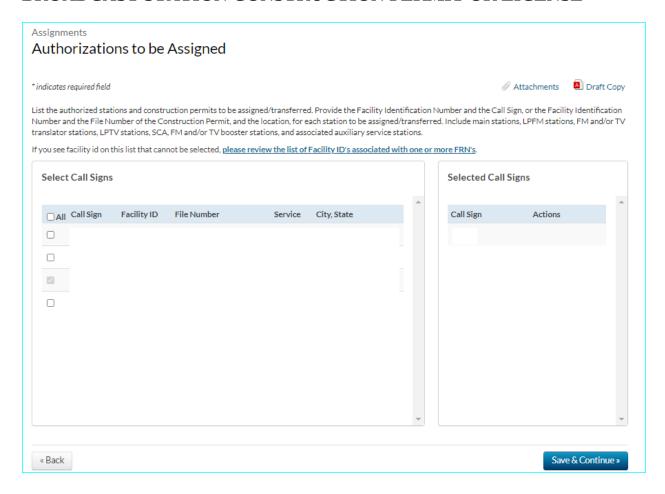
This set of screenshots tracks the *Pro Forma* Assignment of CP or License Application flow in LMS.

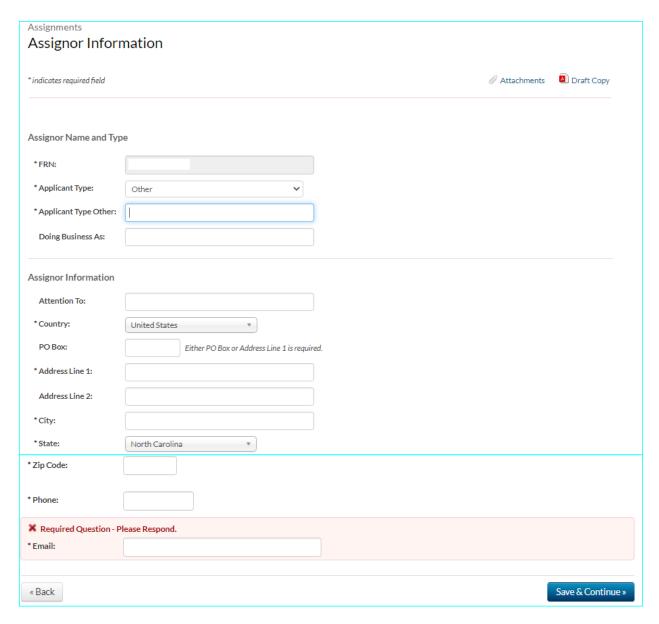
Assignments General Information
* indicates required field
Application Description
Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.
Attachments
* Are attachments (other than associated schedules) being filed with this application? O Yes O No « Clear
U YES U NO « Clear
Cancel Save & Continue >

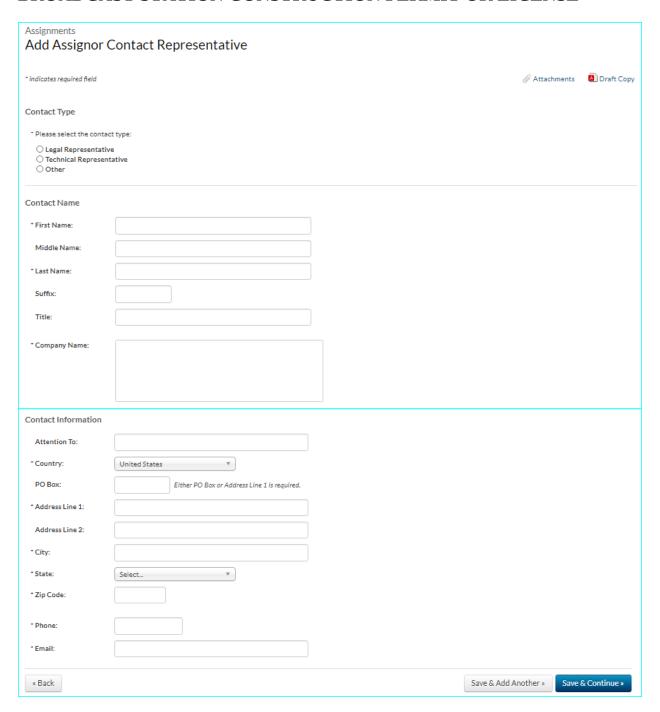




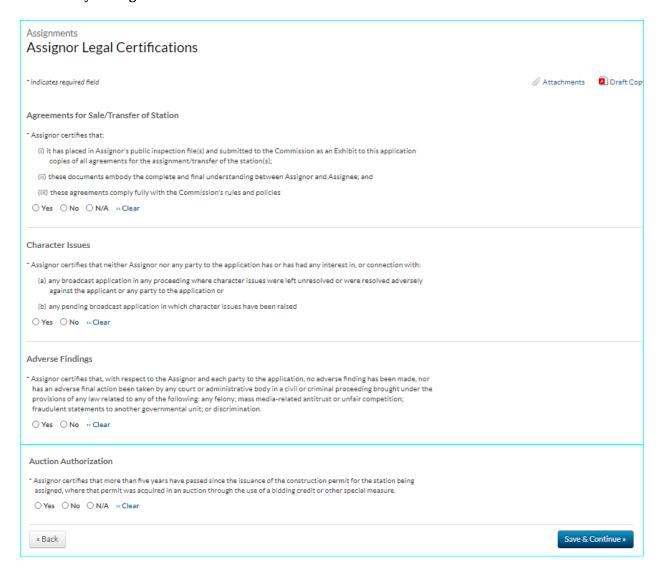




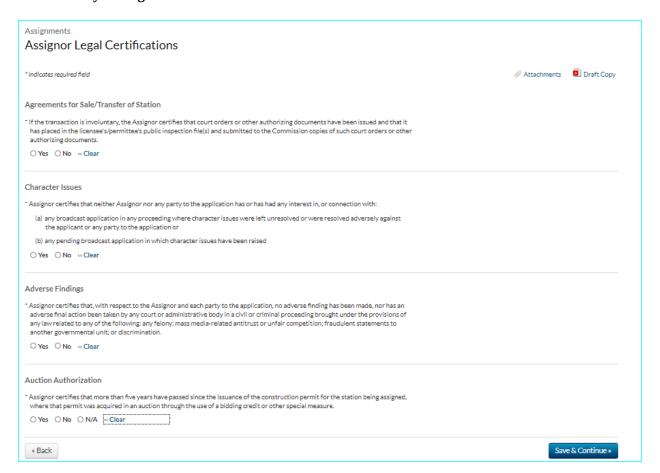


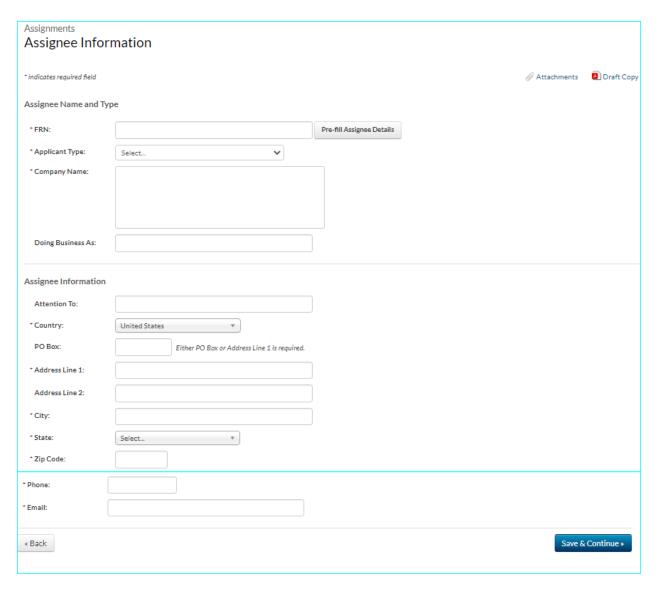


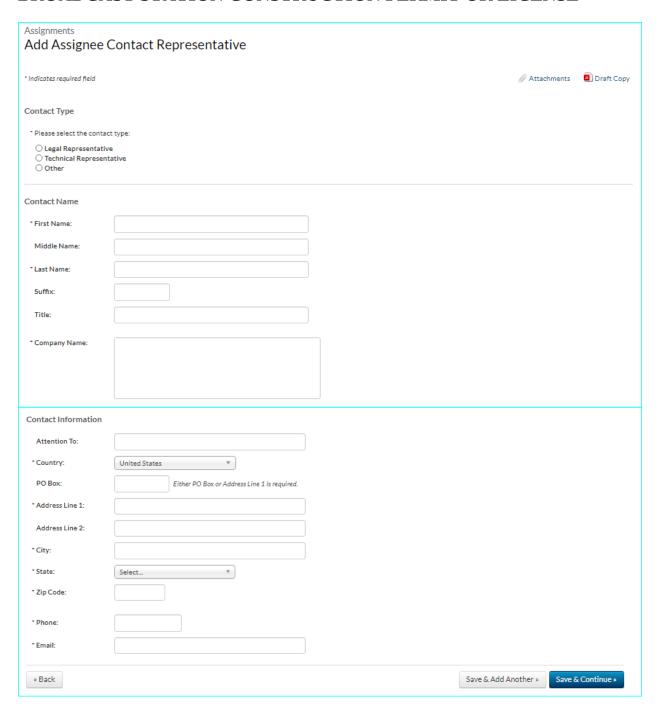
"Voluntary" Assignment of Authorization selection

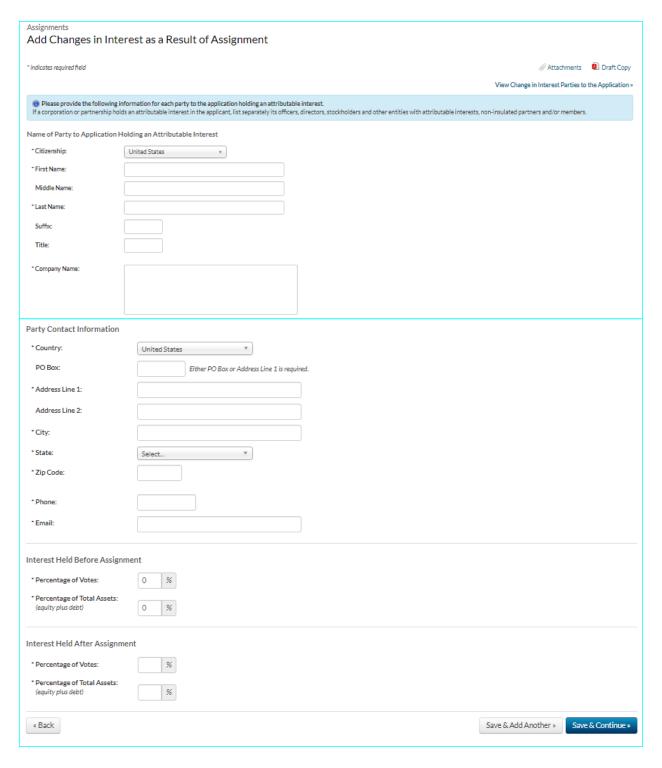


"Involuntary" Assignment of Authorization selection

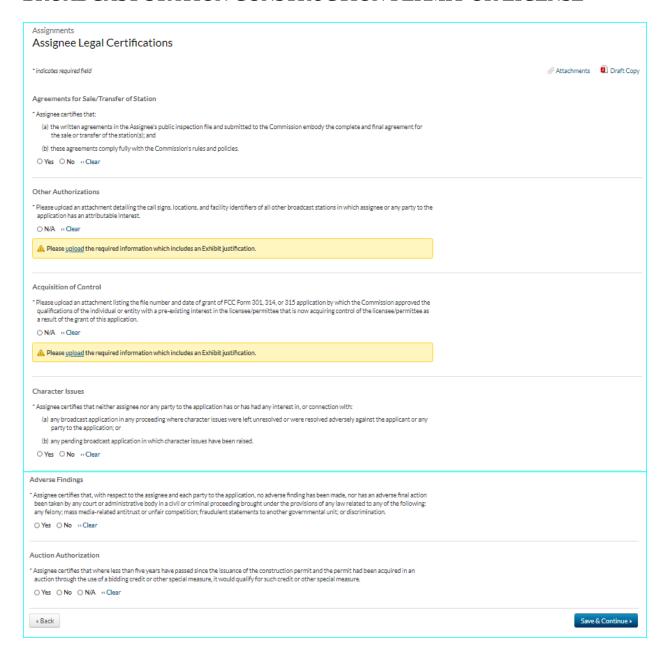


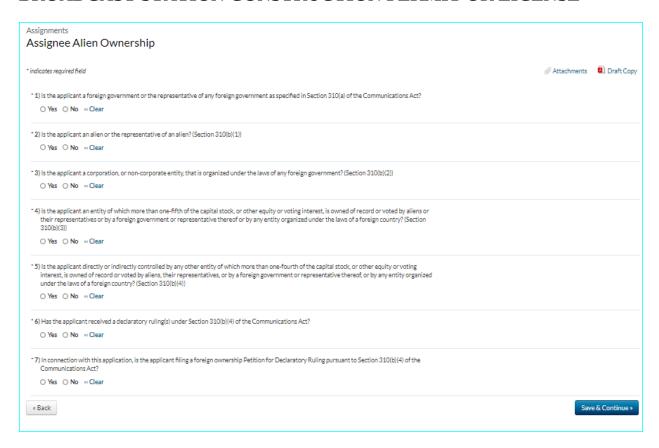














Assignments Assignee Certif	fy and Signature
* indicates required field	
	tatements are were deach question in this application based on its review of the application instructions and worksheets. Assignee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application nt standards and oriteria set forth in the application instructions and worksheets.
certification does not apply t	neither the Assignee nor any other party to the application is subject to a denial of Federal benefits pursuant to \$5301 of the Anni-Drug Abuse Act of 1988, 21 U.S.C. \$882, because of a conviction for possession or distribution of a controlled substance. This to applications filed in services exempted under \$1.2002[c] of the nules, 47 CFR. See \$1.2002[b] of the nules, 47 CFR \$1.2002[b], for the definition of "party to the application" as used in this certification \$1.2002[c]. Ill 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.
Upon grant of this applicatio the construction or coverage	PLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID on, the Authorization Holder may be subject to certain construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine are requirements that apply to the type of Authorization requested in this application. 175 MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR FORFEITURE (U.S. Code, Title 18, \$1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, \$212(a)(13), AND/OR FORFEITURE (U.S.
declare, under penalty of pe indicates required field	erjung that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.
Date: 10/05	5/200
First Name:	
Middle Name:	
Last Name:	
Suffoc	
Title:	
*Attachments: 🗆 i oe	with that this application includes at required and relevant statements.
	or tiffy & Submit testion will be automitised to the PCC when both gentles have certified.

