Federal Communications Commission Not Yet Approved by OMB

FOR

FCC

USE

ONLY

Washington, DC 20554 3060-XXXX

Estimated Time Per Response: 1 hour

 **FCC FORM 2100, SCHEDULE 336**

FOR COMMISSION USE ONLY

FILE NO.

 **FM BOOSTER PROGRAM ORIGINATION**

 **NOTIFICATION**

**SECTION I – GENERAL INFORMATION**

1.

|  |
| --- |
| Legal Name of the Applicant |
| Mailing Address |
| City State or Country (if foreign address) ZIP Code |
| Telephone Number (include area code) E-Mail Address  |
| FCC Registration Number Call Sign of FM Booster Station Facility ID Number of FM Booster Station |
| Call Sign of FM or LPFM Primary Station Facility ID Number of FM or LPFM Primary Station |

2.

|  |
| --- |
| Contact Representative (if other than licensee/permittee) Firm or Company Name |
| Mailing Address  |
| City State or Country (if foreign address) ZIP Code |
| Telephone Number (include area code) E-Mail Address |

3. Community of License of FM Booster Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_

4. This serves as notification of commencement or termination of FM booster program origination

 on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

 (If giving notification of program origination commencement, continue to Item 5 and complete all items. If giving notice of program origination termination, skip to Item 9 and complete Item 9 and the Certification.)

5. In the event of interference, questions should be directed to licensee’s technical representative:

|  |  |
| --- | --- |
| Name | Telephone Number (include area code, omit dashes) |

6. Licensee certifies that the program-originating FM booster station complies with all Emergency Alert System

 (EAS) requirements in Part 11 of the Commission’s rules (47 CFR §§ 11.1 – 11.61). Yes No

7. Licensee certifies that the program-originating FM booster station will originate programming for no more than

 three (3) minutes of each broadcast hour. Yes No

8. Licensee certifies that the program-originating FM booster station minimizes interference to its primary station

 through synchronization or terrain shielding. Yes No

9. **Anti-Drug Abuse Act Certification.** Licensee certifies that neither licensee nor any party to the application is

 subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Yes No

 § 862.

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## **CERTIFICATION**

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

|  |  |
| --- | --- |
| Typed or Printed Name of Person Signing | Typed or Printed Title of Person Signing |
| Signature | Date |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

## **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each response to this collection of information will take on average 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to **pra@fcc.gov**or send them to the Federal Communications Commission, OMD-PPM (3060-XXXX), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number of if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-XXXX.

## **THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L.104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**

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