

Estimated Time Per Response: 1 hour

FOR FCC USE ONLY	

FCC FORM 2100, SCHEDULE 336

FM BOOSTER PROGRAM ORIGATION NOTIFICATION

FOR COMMISSION USE ONLY

FILE NO.

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)
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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.

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Yes

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No

8. Licensee certifies that the program-originating FM booster station minimizes interference to its primary station through synchronization or terrain shielding.

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Yes

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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. § 862.

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Yes

☐

No

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).

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