This set of screen shots captures the Low Power FM Station License 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 Application.	ations workspace.	
Uploaded Attachments		
* Are attachments (other than associated schedules) being filed with this application?		
○ Yes ● No "Clear		
Cancel	Sav	e & Continue »
Fees, Waivers and Exemptions		
* indicates required field	Attachments	■ Draft Copy
Waivers		
* Does this filing request a waiver of the Commission's rule(s)?		
« Back	Save	& Continue »

Applicant Information

* indicates required field		Attachments	■ Draft Copy
Applicant Name and Ty	ре		
* Applicant Type:	Select ▼		
* Company Name:	le		
Applicant Information			
Attention To:			
* Country:	United States ▼		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
* City:			
* State:	Select •		
* Zip Code:			
* Phone:			
*Email:			
« Back		Save	& Continue »

Form 2100, Schedule 319 –LOW POWER FM STATION LICENSE

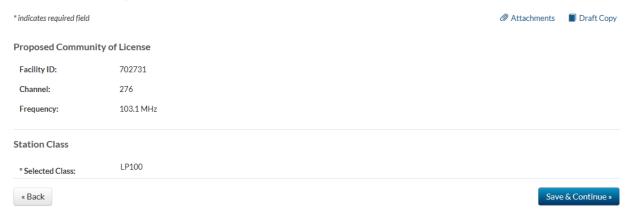
APPLICATION

Contact Representatives

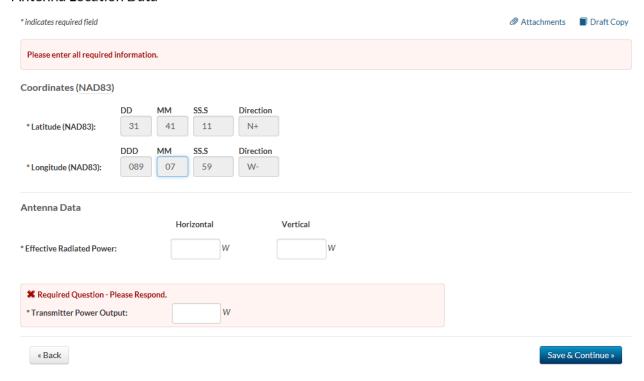
* indicates required field		Attachments	■ Draft Copy
Contact Type			
* Please select the contact type:			
Legal RepresentativeTechnical RepresentativeOther			
Contact Name			
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
Title:			
*Company Name:			

Contact Information			
Attention To:			
*Country:	United States ▼		
PO Box: Either PO Box or Address Line 1 is required.			
* Address Line 1:			
Address Line 2:			
*City:			
*State:	Select v		
*Zip Code:			
* Phone:			
*Email:			
« Back		Save & Add Another »	Save & Continue »

Channel and Facility Information



Antenna Location Data



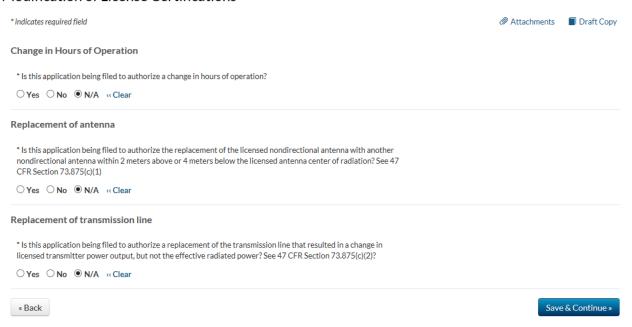
Antenna Technical Data

* indicates required field			Attachments	■ Draft Copy
Transmitting Antenna				
* Manufacturer / Make :				
* Model:				
* Number of Sections:				
(1 - 20 -must be a whole number, decimals not allowed)				
* Spacing Between Sections (wavelength): (0.5 - 1.5 - ma	ry be to tenths decimal pla	ace, at most)		
« Back			Save	& Continue »

Technical Certifications

* indicates required field	Attachments	■ Draft Copy
Transmitter Power Output		
* Does the operating transmitter power output produce the authorized effective radiated power?		
○ Yes ○ No «Clear		
Constructed Facility		
* The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.I	R. Section 73.875.?	
○ Yes ○ No ‹‹Clear		
Special Operating Conditions		
* Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?		
○ Yes ○ No «Clear		
Environmental Effect		
*Would a Commission grant of Authorization for this location be an action which may have a significant er 1.1306?	nvironmental effect? See 47	7 C.F.R. Section
○ Yes ○ No « Clear		
« Back	Save &	Continue »

Modification of License Certifications



Certification

Crtification			
* indicates required field		Attachments	■ Draft Copy
General Certification Statements			
	any particular frequency or of the electromagnetic spectrum rization or otherwise, and requests an Authorization in accord		
1988, 21 U.S.C. § 862, because of a conviction	icant nor any other party to the application is subject to a deni on for possession or distribution of a controlled substance. This 1.2002(b) of the rules, 47 CFR§ 1.2002(b), for the definition o	certification does not apply to applications filed in ser	vices exempted
The Applicant certifies that all statements mapplication, and are true, complete, correct,	nade in this application and in the exhibits, attachments, or doc and made in good faith.	uments incorporated by reference are material, are pa	rt of this
Authorized Party to Sign			
FAILURE TO SIGN THIS APPLICATION MA	AY RESULT IN DISMISSAL OF THE APPLICATION AND FORF	EITURE OF ANY FEES PAID	
	ation Holder may be subject to certain construction or coverag lation of the Authorization. Consult appropriate FCC regulations is application.		_
	THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY RIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITU		1001) AND/OR
I declare, under penalty of perjury, that I am * Indicates required field	an authorized representative of the above-named applicant fo	or the Authorization(s) specified above.	
Date:	12/07/2018		
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
*Title:			
* Attachments:	☐ I certify that this application includes all required and relevant a	ttachments.	
	Submit Application		