Form 2100, Schedule 302-FM – FM Station License Application

This set of screen shots captures the FM Station License flow in the LMS application.

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.

Uploaded Attachments

* Are attachments (other than associated schedules) being filled with this application?

- Yes
- No

Cancel

Save & Continue »

Fees, Waivers and Exemptions

* Indicates required field

Fees

* Is the applicant exempt from FCC application Fees?

- Yes
- No

Waivers

* Does this filing request a waiver of the Commission's rule(s)?

- Yes
- No

Save & Continue »
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Applicant Information

* Indicates required field

**Applicant Name and Type**

* Applicant Type: Select...

* Company Name:

**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:

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Contact Representatives

* Indicates required field

### Contact Type

* Please select the contact type:
  - Legal Representative
  - Technical Representative
  - Other

### 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:

* Zip Code:

* Phone:

* Email:
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Legal Certifications

* Indicates required field

Character Issues

* Applicant certifies that neither the applicant nor any party to the application has or had any interest in or connection with: (a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.

Yes ☐ No ☐  «Clear

Adverse Findings

* Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit or discrimination.

Yes ☐ No ☐  «Clear

Save & Continue »
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Modification of License Certifications

* Indicates required field

Change in effective radiated power, transmitter output power, replacing a directional antenna, deleting contour protection status, or correcting coordinates.

* Is this application being filed to authorize a change in Effective Radiated Power and/or a change in transmitter output power and/or replacing a directional antenna and/or deleting contour protection status and/or correcting coordinates, as authorized by 47 CFR Sections 73.1690(c)(1) through (c)(11)?

  ☐ Yes  ☐ No  « Clear

Change in License Status

* Is this application being filed to authorize a change in license status from commercial to non-commercial or from non-commercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?

  ☐ Yes  ☐ No  « Clear

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Channel and Facility Information

*Indicates required field

Program Test Authority

☐ The application is operating pursuant to automatic program test authority
☐ The applicant is requesting program test authority

Proposed Community of License

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>11845</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channel</td>
<td>278</td>
</tr>
<tr>
<td>Frequency</td>
<td>103.5 MHz</td>
</tr>
</tbody>
</table>

Station Class

<table>
<thead>
<tr>
<th>Selected Class</th>
<th>R</th>
</tr>
</thead>
</table>

Approved by OMB 3060-0506
Estimated time per response – 1-2 hours
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Antenna Location Data

* Indicates required field

Coordinates (NAD83)

* Latitude (NAD83):
  
  DD  MM  SS.S  Direction

* Longitude (NAD83):
  
  DDD  MM  SS.S  Direction

Antenna Data

* Effective Radiated Power:
  
  Horizontal  Vertical
  kW  kW

* Transmitter Power Output:
  
  kW

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Antenna Technical Data

* Indicates required field

Antenna Type

* Please select an antenna type:
  Directional

Relative Field Values

* Please provide the directional antenna relative field values as well as any additional azimuths:
Values entered must be between [.000 - 1.000] and must be entered for every degree listed from 0 to 350 in increments of 10.

⚠ The requirements of 47 CFR Section 73.316 must be satisfied.

<table>
<thead>
<tr>
<th>Degree</th>
<th>$V_A$</th>
<th>Degree</th>
<th>$V_A$</th>
<th>Degree</th>
<th>$V_A$</th>
<th>Degree</th>
<th>$V_A$</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.63</td>
<td>90</td>
<td>0.99</td>
<td>180</td>
<td>1</td>
<td>270</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>0.57</td>
<td>100</td>
<td>1</td>
<td>190</td>
<td>1</td>
<td>260</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>0.56</td>
<td>110</td>
<td>1</td>
<td>200</td>
<td>1</td>
<td>290</td>
<td>1</td>
</tr>
<tr>
<td>30</td>
<td>0.595</td>
<td>120</td>
<td>1</td>
<td>210</td>
<td>1</td>
<td>300</td>
<td>1</td>
</tr>
<tr>
<td>40</td>
<td>0.62</td>
<td>130</td>
<td>1</td>
<td>220</td>
<td>1</td>
<td>310</td>
<td>1</td>
</tr>
<tr>
<td>50</td>
<td>0.64</td>
<td>140</td>
<td>1</td>
<td>230</td>
<td>1</td>
<td>320</td>
<td>0.96</td>
</tr>
<tr>
<td>60</td>
<td>0.72</td>
<td>150</td>
<td>1</td>
<td>240</td>
<td>1</td>
<td>330</td>
<td>0.9</td>
</tr>
<tr>
<td>70</td>
<td>0.82</td>
<td>160</td>
<td>1</td>
<td>250</td>
<td>1</td>
<td>340</td>
<td>0.8</td>
</tr>
<tr>
<td>80</td>
<td>0.925</td>
<td>170</td>
<td>1</td>
<td>260</td>
<td>1</td>
<td>350</td>
<td>0.72</td>
</tr>
</tbody>
</table>
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Additional Azimuths (optional)

<table>
<thead>
<tr>
<th>Degree</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>94</td>
<td>1</td>
</tr>
</tbody>
</table>

Transmitting Antenna

* Manufacturer / Make: 

* Model: 

* Number of Sections:
(1 - 20 = must be a whole number, decimals not allowed)

* Spacing Between Sections (wavelength):
(0.5 - 2.5 = may be to tenths decimal places, at most)

[Save & Continue]
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Technical Certifications

* Indicates required field

**Constructed Facility**

* The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.R. Section 74.1251?

- Yes
- No

**Special Operating Conditions**

* Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?

- Yes
- No

**Environmental Effect**

*Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? (See 47 C.F.R. Section 1.1306)

- Yes
- No
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Certification

* Indicates required field

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, §2001) 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: 12/07/2018

* First Name: 

Middle Name: 

* Last Name: 

Suffix: 

* Title: 

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

Submit Application
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