


## 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*

 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 Applications workspace.

#### Uploaded Attachments

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

Yes  No [« Clear](#)

[Cancel](#)

[Save & Continue »](#)

### Fees, Waivers and Exemptions

*\* indicates required field*

 Attachments  Draft Copy

#### Fees

\* Is the applicant exempt from FCC application Fees?

Yes  No [« Clear](#)

\* Is the applicant exempt from FCC regulatory Fees?

Yes  No [« Clear](#)

#### Waivers

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

Yes  No [« Clear](#)



[« Back](#)

[Save & Continue »](#)

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

### Applicant Information

*\* indicates required field*

 Attachments  Draft Copy

#### Applicant Name and Type

\* Applicant Type:

\* Company Name:

#### Applicant Information

Attention To:

\* Country:

PO Box:

*Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:

[« Back](#)

[Save & Continue »](#)

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

### Contact Representatives

\* Indicates required field

 Attachments  Draft Copy

#### Contact Type

\* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

#### Contact Name

* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
Title:	<input type="text"/>
* Company Name:	<input type="text"/>

#### Contact Information

Attention To:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
PO Box:	<input type="text"/>
<i>Either PO Box or Address Line 1 is required.</i>	
* Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text" value="Select..."/>
* Zip Code:	<input type="text"/>
* Phone:	<input type="text"/>
* Email:	<input type="text"/>

« Back



Save & Add Another »

Save & Continue »

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

### Legal Certifications

*\* indicates required field*

 Attachments  Draft Copy

#### 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](#)

[« Back](#)

[Save & Continue »](#)

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

### Modification of License Certifications

\* Indicates required field

 Attachments  Draft Copy

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 noncommercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?

Yes  No [«Clear](#)



[« Back](#)

[Save & Continue »](#)

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

### Channel and Facility Information

\* indicates required field

 Attachments  Draft Copy

#### Program Test Authority

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

---

#### Proposed Community of License

Facility ID: 11845  
Channel: 278  
Frequency: 103.5 MHz

---

#### Station Class

Selected Class: B

[« Back](#)

[Save & Continue »](#)

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

### Antenna Location Data

\* indicates required field

 Attachments  Draft Copy

#### Coordinates (NAD83)

	DD	MM	SS.S	Direction
* Latitude (NAD83):	<input type="text"/>	<input type="text"/>	<input type="text"/>	N+ ▾
	DDD	MM	SS.S	Direction
* Longitude (NAD83):	<input type="text"/>	<input type="text"/>	<input type="text"/>	W- ▾

#### Antenna Data

	Horizontal	Vertical
* Effective Radiated Power:	<input type="text" value="44"/> kW	<input type="text" value="44"/> kW
* Transmitter Power Output:	<input type="text"/>	kW

« Back

Save & Continue »

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

### Antenna Technical Data

\* indicates required field

[Attachments](#) [Draft Copy](#)

#### 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.

$V_A$  = Relative Field Value

Degree	$V_{VA}$	Degree	$V_{VA}$	Degree	$V_{VA}$	Degree	$V_{VA}$
0	0.63	90	0.99	180	1	270	1
10	0.57	100	1	190	1	280	1
20	0.58	110	1	200	1	290	1
30	0.595	120	1	210	1	300	1
40	0.62	130	1	220	1	310	1
50	0.64	140	1	230	1	320	0.96
60	0.72	150	1	240	1	330	0.9
70	0.82	160	1	250	1	340	0.8
80	0.925	170	1	260	1	350	0.72



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

### Additional Azimuths (optional)

Degree	V <sub>A</sub>
94	1
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 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 - may be to tenths decimal place, at most)

« Back

Save & Continue »

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

### Technical Certifications

\* Indicates required field

 Attachments  Draft Copy

#### 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 [« 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 environmental effect? (See 47 C.F.R. Section 1.1306)

Yes  No [« Clear](#)

[« Back](#)

[Save & Continue »](#)

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

### Certification

\* indicates required field

[Attachments](#) [Draft Copy](#)

#### 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, §1001) 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.

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