# Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/10/2016 at 18:46:30 File Number: 0007179735

FCC 601 Main Form

# FCC Application for Radio Service Authorization: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB 3060 - 0798 See instructions for public burden estimate

1) F	Radio Service Code:		1a) Existing Radio Se	ervice Code:			·
	PW						
Sen	eral Information						
2)	MD - Modification	) RO - Renewal Only RM - Renewal/Modifica CA - Cancellation of Lic		al of Application	EX - Red	quired Notific quests for Ex gistered Loc	tension of Time
3a)	Ba) If this application is for a <u>D</u> evelopmental License, De <u>m</u> onstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).						
3b)	b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'.  ( ) <u>Y</u> es <u>N</u> o Refer to Rule 1.915 for an explanation of situations considered to be an emergency.						
4)	If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.						
5)	If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.  If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.  WPTD836						
6)	If this application is for authorization expiration da			enewal/Modification,	enter the re	equested	MM DD
7)	Is this application "major" applicable radio service ru applies to certain site-spec	ules found in Parts 22	and 90 of the Commis	ssion's Rules? (NOT	ΓE: This quest	with the tion only	( <b>N</b> ) <u>Y</u> es <u>N</u> o
8)	Are attachments (other tha	n associated schedule	s) being filed with this	application?			( <b>Y</b> ) <u>Y</u> es <u>N</u> o
	, Waivers, and Exemption					1	
9) Is	s the Applicant exempt from	FCC application fees	?				( <b>γ</b> ) <u>Y</u> es <u>N</u> o
	Is the Applicant exempt from						(γ) <u>Y</u> es <u>N</u> o
11a	) Does this application inclu If 'Yes', attach an exhibit p						( N ) <u>Y</u> es <u>N</u> o
11b	) If 11a is 'Y', enter the nu	mber of rule sections in	nvolved.				lumber of Rule Section(s):
12)	Are the frequencies or para	ameters requested in t	his filing covered by gr	andfathered privilege	s, previously		( <b>N</b> ) <u>Y</u> es <u>N</u> o

approved by waiver, or functionally integrated with an existing station?

13) FCC Registration Number (FRN): 0001761493									
14) Applicant/Licensee Legal Entity Type: (Select On ( ) Individual ( )Unincorporated Association		Frust	( <b>x</b> )	Government	Entity (	)Corpora	tion (	)Limited Liab	ility Compa
( ) General Partnership ( ) Limited Partners	ship (	\ I i	imited I	_iability Partne	arehin (	) Cons	ortium		
( ) Scheral Farthership ( ) Elimited Farthership	Ship (	, _,	iiiiica L	LIADIIITY T ATTI	zisilip (	) Oone	ortiani		
( ) Other:									
15) If the Licensee name is being updated, is the up to another party and for which proper Commis provided?								( ) <u>Y</u>	es <u>N</u> o
16) First Name (if individual):		MI:	Last N	ame:				Suffix:	
17) Legal Entity Name (if other than individual):									
RIPLEY POLICE DEPARTMENT									
18) Attention To:									
City of Ripley									
19) P.O. Box:	And/O	r 20)	Street	Address:					
			110 S	Washingto	n St				
21) City:					22) State:		23) Zip	Code:	
RIPLEY					TN		3806	3	
24) Telephone Number:				25) FAX:					
(731)635-4000				(731)63	5-2692				
26) E-Mail Address:				(701)00	O ZOJZ				
dhbuckne@bellsouth.net									
) Demographics (Optional):									
Race:	Ethni					Gen	der:		
)American Indian or Alaska Native	)American Indian or Alaska Native ( )Hispanic or L					1 (	)Male		
)Asian ( <b>X</b> )Not Hispa						`	jiviaic		
)Asian	( <b>x</b>	)Not His				(	)Female		
	( <b>X</b> )	)Not His				(	,		
,	( <b>x</b>	)Not His				(	,		
)Black or African-American	( <b>x</b> )	)Not His				(	,		
)Black or African-American )Native Hawaiian or Other Pacific Islander )White	( <b>x</b> )	)Not His				(	,		
)Black or African-American ( )Native Hawaiian or Other Pacific Islander			spanic	or Latino	istration Nu	mber (FRN	)Female	Party in Intere	est:
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  eal Party in Interest 28) Name of Real Party in Interest of Applicant (If difapplicant):			spanic	or Latino	istration Nu	mber (FRN	)Female	Party in Intere	est:
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  eal Party in Interest 28) Name of Real Party in Interest of Applicant (If diffApplicant):  contact Information (If different from the Applicant)			spanic	or Latino	istration Nu	mber (FRN	)Female	Party in Intere	est:
)Black or African-American  )Native Hawaiian or Other Pacific Islander  )White  Pal Party in Interest  28) Name of Real Party in Interest of Applicant (If diff Applicant):  Ontact Information (If different from the Applicant) ) Check here if same as Applicant.			spanic	or Latino	istration Nu	mber (FRN	)Female		est:
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  Peal Party in Interest 28) Name of Real Party in Interest of Applicant (If diffApplicant):  Contact Information (If different from the Applicant)  Check here if same as Applicant.		1	spanic	or Latino  29) FCC Reg	istration Nu	mber (FRN	)Female		
)Black or African-American  ( )Native Hawaiian or Other Pacific Islander  ( )White  eal Party in Interest 28) Name of Real Party in Interest of Applicant (If diff Applicant):  ontact Information (If different from the Applicant)  ) Check here if same as Applicant.  30) First Name:  Donna		n MI:	spanic	or Latino  29) FCC Reg	istration Nu	mber (FRN	)Female		
)Black or African-American  ( )Native Hawaiian or Other Pacific Islander  ( )White  Peal Party in Interest  28) Name of Real Party in Interest of Applicant (If diffApplicant):  Pontact Information (If different from the Applicant)  ( ) Check here if same as Applicant.  30) First Name:  Donna  31) Company Name:  City of Ripley		n MI:	spanic	or Latino  29) FCC Reg	istration Nu	mber (FRN	)Female		
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  Peal Party in Interest 28) Name of Real Party in Interest of Applicant (If diffApplicant):  Pontact Information (If different from the Applicant)  Otheck here if same as Applicant.  BO) First Name:  Donna  31) Company Name:  City of Ripley		n MI:	spanic	or Latino  29) FCC Reg	istration Nu	mber (FRN	)Female		
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)Black or African-American  )Native Hawaiian or Other Pacific Islander  )White  eal Party in Interest 28) Name of Real Party in Interest of Applicant (If diffapplicant):  ontact Information (If different from the Applicant)  _) Check here if same as Applicant.  10) First Name:  Donna 11) Company Name:  City of Ripley 12) Attention To:  13) P.O. Box:	ferent from	MI: <b>A</b>	La B	29) FCC Reg	St	mber (FRN	) of Real	) Zip Code:	
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  Pal Party in Interest 28) Name of Real Party in Interest of Applicant (If diff Applicant):  Pontact Information (If different from the Applicant)  Otheck here if same as Applicant.  O) First Name:  Donna  11) Company Name:  City of Ripley  12) Attention To:  13) P.O. Box:  15) City:  Ripley	ferent from	MI: <b>A</b>	La B	29) FCC Reg	St	mber (FRN	) of Real		
)Black or African-American  )Native Hawaiian or Other Pacific Islander  )White  Pal Party in Interest  28) Name of Real Party in Interest of Applicant (If diff Applicant):  Pontact Information (If different from the Applicant)  ) Check here if same as Applicant.  30) First Name:  Donna  31) Company Name:  City of Ripley  32) Attention To:  33) P.O. Box:  Ripley  8) Telephone Number:	ferent from	MI: <b>A</b>	La B	29) FCC Reg	St	mber (FRN	) of Real	) Zip Code:	
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  Pal Party in Interest 28) Name of Real Party in Interest of Applicant (If diff Applicant):  Pontact Information (If different from the Applicant)  Check here if same as Applicant.  BO) First Name:  Donna  B1) Company Name:  City of Ripley B2) Attention To:  B3) P.O. Box:  Ripley B3 Telephone Number:  (731)635-4000	ferent from	MI: <b>A</b>	La B	29) FCC Reg	St	mber (FRN	) of Real	) Zip Code:	
( )Black or African-American ( )Native Hawaiian or Other Pacific Islander ( )White  eal Party in Interest 28) Name of Real Party in Interest of Applicant (If diffApplicant):  ontact Information (If different from the Applicant) ) Check here if same as Applicant. 30) First Name:  Donna 31) Company Name:  City of Ripley 32) Attention To:  33) P.O. Box:  35) City:  Ripley 38) Telephone Number:	ferent from	MI: <b>A</b>	La B	29) FCC Reg	St	mber (FRN	) of Real	) Zip Code:	
)Black or African-American )Native Hawaiian or Other Pacific Islander )White  pal Party in Interest 28) Name of Real Party in Interest of Applicant (If diff Applicant):  pontact Information (If different from the Applicant)  Check here if same as Applicant.  Donna  31) Company Name: City of Ripley 32) Attention To:  33) P.O. Box:  Ripley 38) Telephone Number: (731)635-4000	ferent from	MI: <b>A</b>	La B	29) FCC Reg	St	mber (FRN	) of Real	) Zip Code:	

2) Th	nis filing is for a	authorization to provide th	e followir	ng type(s) of radio serv	vice (cho	oose all that apply):					
) <u>F</u>	ixed	( <b>X</b> ) <u>M</u> obile	(	)Radiolocation	(	)Satellite (sound)	(	) <u>B</u> roado	cast Se	rvices	
3) Do	oes the Applica	ant propose to provide se	rvice inte	rconnected to the pub	ic telep	none network?			(N	) <u>Y</u> es	<u>N</u> o
ien O	)wnership Qu	uestions (If any answer i	s 'Y". pro	ovide an attachment	explain	ing the circumstances.	In prepa	ring the a	ttachm	ent. re	fer to
e Mai	in Form Instru	uctions for the "Alien O	wnership	Questions".)			р. оро		( <b>N</b>		
		a foreign government or t		, ,	goverr	iment?			(14	) <u>Y</u> es	
		an alien or the representa							(	) <u><b>Y</b></u> es	
		a corporation organized u							(	) <u>Y</u> es	
						owned of record or voted y corporation organized ur			oreign	) <u>Y</u> es country	
own	ed of record of		represent	tatives, or by a foreign		n more than one-fourth of ment or representative the			(	) <u>Y</u> es	8 <u>N</u> O
48b)	If the answer	to 47 or 48a is 'Y' select of	one of the	choices below.							
	The Applicar	nt is exempt from the prov	risions of	Section 310(b).							
		essary to file a petition for uested license(s) is exemp				des in the attachment req	uired by	Item 47 o	ltem 4	8a a sh	owing
						ownership, and the applic ic coverage area for whi					
	number, the		available,			e citation(s) of the applic at that there has been no					
	immediately the Commiss	above; or (ii) is an "affilia	ite" of a L 1.990(a)	icensee or Lessee/Su, and is relying on the	ibLesse affiliate	n ownership, but is not a e that received a declarat 's ruling for purposes of fi	tory rulin	g(s) under	Section	n 1.990	O(a) of
	Item 48a the	e citation(s) of the Applica	nt's decla	aratory ruling(s) by DA	/FCC n	August 9, 2013, include in umber, the FCC Record c f its ruling and with the Co	itation, ii	f available,			
	copy of a pe same radio declaratory i	etition for declaratory rulin service(s) and geograp ruling pursuant to Section	g filed co hic cover 1.990(a)	ntemporaneously with rage area(s) involved of the Commission's	the Co in the Rules, 4	igust 9, 2013, include in a mmission to extend the A application. Alternative 17 C.F.R. § 1.990(a). Peti (IBFS) (with a copy attach	pplicant'. ly, the <i>i</i> itions for	s existing Applicant declarator	ruling(s may re	) to cov quest	er the
	Item 47 or li date, and a Commission	tem 48a the citation(s) of a statement that the App a's Rules. The Applicant	the appli plicant is must also	icable declaratory rulii in compliance with to include a certification	ng(s) by the tern n of con	es of filing this application, DA/FCC number, the FC as and conditions of the apliance signed by the national form Instructions for Items	C Reco named med affil	rd citation, affiliate's liate or oth	if avai ruling er qual	lable, re and wi	elease th the
						ownership and is request contemporaneously with the			ruling u	ınder S	ection
	Commission	pursuant to Section 1.9	90(a) of	the Commission's Ru	les, 47	ne petition for declaratory C.F.R. § 1.990(a). Petiti (IBFS) (with a copy attach	ons for o	declaratory			

#### **Basic Qualification Questions**

49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	( N	) <u>Y</u> es	<u>N</u> o
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	( N	) <u>Y</u> es	<u>N</u> o
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	<sup>(</sup> N	) <u>Y</u> es	<u>N</u> o
If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.			

#### Aeronautical Advisory Station (Unicom) Certification

52) ( ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

#### Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service?	(	) <u>Y</u> es	<u>N</u> o					
53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?	(	) <u>Y</u> es	<u>N</u> o					
Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Commission's								
Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.								

#### **Broadband Radio Service and Educational Broadband Service (Part 27)**

54) (For EBS only) Does the Applicant comply with the programming requirements contained in Section 27.1203	(	) <u>Y</u> es <u>N</u> o
of the Commission's Rules?		
Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 27.1203 of the Comm	ission's	s Rules or
justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.		
55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules?	(	) <u>Y</u> es <u>N</u> o
Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is	being	requested,
Item 11a must be answered 'Y'.	_	

#### **General Certification Statements**

- 1) 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 license or otherwise, and requests an authorization in accordance with this application.
- 2) The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.\*

  \*If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) 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.
- 4) 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 § 1.2002(c). 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.
- 5) The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 6) The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the
- 7) The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 8) The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
- 9) The Applicant certifies that the applicant and all of the related individuals and entities required to be disclosed on this application and FCC Form 602 (FCC Ownership Disclosure Information for the Wireless Telecommunications Services) are not person(s) who have been, for reasons of national security, barred by any agency of the Federal Government from bidding on a contract, participating in an auction, or receiving a grant. This certification applies only to applications for licenses for spectrum that is required by Sections 6103, 6401-6403 of the Middle Class Tax Relief and Job Creation Act of 2012, codified at 47 U.S.C. §§ 309, 1413, 1451-1452, to be assigned by a system of competitive bidding under 47 U.S.C. § 309(j).

#### Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name:			MI:	Last Name:	3	Suffix:		
Donna			E	Buckner				
57) Title: Recorder Treasurer								
Signature:					58) Date:			
Donna	Ε	Buckner			03/10/2016	i		

#### FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license 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 LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

**FCC 601** Schedule D

## Wireless Telecommunications Bureau and/or **Public Safety and Homeland Security Bureau** Schedule for Station Locations and Antenna Structures See 601 Main Form Instructions

Approved by OMB 3060 - 0798

for public burden estimate

A) Astisus Description (	A -1 -1	Mari Dal	O) I ti Ni h						
1) Action Requested: ( )	<u>A</u> dd	<u>M</u> od <u>D</u> el	2) Location Number:						
3) Location Description:		4) Area of Operation	Code:	5) Location Na	ame:				
0) 500 4 1 01 1 5 1	NI		. NI/A						
6) FCC Antenna Structure Regis	tration Num	iber, FCC 854 File Nu	mber or N/A:						
			14/73						
7) Latitude (DD-MM-SS.S):		NAD83 ( ) <u>N</u> or <u>S</u>	8) Longitude (DDD-N	/IM-SS.S):	NAD83				
	( ) <u>E</u> or <u>W</u>								
	II. A	00 1 6 5	<u> </u>						
9) Street Address, Name of Landing Area, or Other Location Description:									
10) City:		11) State:		12) County/Bo	orough/Parish:				
40) Fl		44) 0	APAL A	45) 0 1111	A OL 14/7/1				
13) Elevation of Site AMSL (mete ('a' in antenna structure exan		14) Overall Ht AGL \ Appurtenances		15) Overall Ht	ances (meters)				
	r -7		tructure example):		enna structure example):				
16) Support Structure Type:				1					
17) Location Number:	18) Radiu	c (km):	19) Airport Identifier:	1 20	) Site Status:				
(only for Area of	10) Naulu	5 (KIII).	19) Airport identilier.	20	) Sile Status.				
Operation Code 'A')									
21) Maximum Latitude (DD-MM-		NAD83	22) Maximum Longit						
Use for rectangle only (Northwest	corner)	( ) <u>N</u> or <u>S</u>	Use for rectangle only	(Northwest corr	ner) ( ) <u>E</u> or <u>W</u>				
00\ B			1 2 2 2 2		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
23) Do you propose to operate in	n an area th	at requires frequency	coordination with Cana	ida?	( ) <u>Y</u> es <u>N</u> o				
24) Description: (only for Area of	Operation	Code 'O')							
25) Number of Units:I	Hand Held	Mobile	Temporary Fixed	Aircraft	Itinerant				
00) W. II. O	. A .I .				( ) \ ( ) \ ( )				
26) Would a Commission grant of environmental effect? See Se			e an action which may i	nave a significar	nt ( ) <u>Y</u> es <u>N</u> o				
environmental effect? See Section 1.1307 of 47 CFR.  If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.									
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the									
proper Quiet Zone entity was notified:/									
27b) Has the Applicant obtained	prior writte	n consent from the pro	per Quiet Zone entity for	or the same tecl	nnical parameters that are				
specified in this application? ( ) $\underline{\mathbf{Y}}$ es $\underline{\mathbf{N}}$ o									
28) Do you propose to operate in	an area th	at requires frequency	coordination with Mexic	co?	( ) <u>Y</u> es <u>N</u> o				
=5, 50 you propose to operate if		a oquiloo iloquolloy	Joseph William Work		( ) <u>1</u> 00 <u>14</u> 0				

FCC 601 Schedule H

### Technical Data Schedule for the Private Land Mobile and Land Mobile Broadcast Auxiliary Radio Services (Parts 90 and 74)

Approved by OMB 3060 - 0798 See 601 Main Form instructions for public burden estimate

Eligibility							
1) Rule Section 90.20	n:		D IN THE BUSINESS OF I		NT. RADIO	S ARE USED	
Frequency (	Coordinator Infor	mation (if not self-coording	nated)				
Frequency (	B) Coordination Inber	Name of Frequency	4) uency Coordinator		5) Telephone Number		
7) Has this app	plication been succe	ssfully coordinated?				( ) <u>Y</u> es/ <u>N</u> o	
8) Are you req		dified extended implementati	on plan? station construction schedule.			( ) <u>Y</u> es/ <u>N</u> o	
ii res, alla	ach an exhibit with a	justification and a proposed s	station construction schedule.				
Associated C	all Signs (Attach	additional sheets if requ	uired)				
9)							
		· ·					
Broadcast Au	uxiliary Only						
If there is an	associated	10) Facility Id of Parent			te of Parent	Station Principal	
Parent Statio Items 10-12.	n, complete	Station:	Parent Station:	Community:			
110-112.							
13) If there is no Cable Netw		station, this Applicant is a:( dcast Network Entity Te	) elevision <b>C</b> able Operator	14	1) State of Prin	nary Operation:	
_							
	Owner or Operator Sound Company	<u>M</u> otion Picture Prod <u>T</u> elevision Producer					
Control Point	t(s) (Other than a	t the transmitter) (Attac	h additional sheets if rec	quired)			
15)	16)		17)			18)	
Action A/M/D	Control Point Number	Street Address, 0	Location  City or Town, County/Borough	/Parish, State		Telephone Number	
			•				
						7	

Antenna Information

Antenna n	Hormation							
19)	20)	21)	22)	23)	24)	25)	26)	27)
Action	Location	Antenna	AAT	Antenna Ht.	Azimuth	Beamwidth	Polarization	Gain (dB)
( )	Number	Number	(meters)	(meters)	(degrees)	(degrees)		
A/M/D								

## **Frequency Information**

28) Action ( ) A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
	1	1	Existing (if Mod) 000460.20000000	New	FB2	1		10.000	17.000	11K2F3E, 20K0F3E (D)
	2	1	Existing (if Mod) 000460.20000000	New	МО	30		25.000	25.000	11K2F3E, 20K0F3E (D)
	2	1	Existing (if Mod)  000465.20000000	New	МО	30		25.000	25.000	11K2F3E, 20K0F3E (D)

# Attachment(s):

Туре	Description	Date Entered
F	Fee Exemption Attachment	03/10/2016