

Est. Avg. Burden Hours Per Response: 2.25 Hrs.

(Specified Services - FCC Rules Parts 5, 21, 22, 23 and 25)

Read Instructions and Notice on Back Before Completing

File Number

Call_Sign

Service

Class of Station

- Items 7(a) and (b) apply to Part 21 licensees only.

- 7(a) Has there been removal of equipment or alteration of facilities so as to render the station not operational?
If "YES," when: ☐ YES ☐ NO

- (b) If this is a Multipoint Distribution Service (MDS) station, is there an ownership interest in, control by, affiliation with, or leasing arrangement with a cable television company? ☐ YES ☐ NO

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicant's most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.

File No. 4206-EX-ML-94 Date March 18, 1994

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? ☐ YES ☒ NO
- If "YES," attach as Exhibit No. _____ an Environmental Assessment required by 47 CFR 1.1311.
- If "NO," explain briefly why not.

10. Certification

- a. 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 a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.
- b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

Date 12/03/96	Name of Applicant (must correspond with Item 1) State of California	Title of Applicant (if any) <i>Senior Engineer</i>
Signature 		Designate Appropriate Classification ☐ INDIV. APPL. ☐ MEM. OF PART. ☐ OFFICER & MEM. OF THE APPLICANT'S ASSOC. ☐ AUTH. REPR. OF CORP. ☒ OFFICIAL OF GOVT. ENTITY

Willful false statements made 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).