

THE WSAB ALTERNATIVE BROADCAST INSPECTION PROGRAM

STATION INSPECTION APPLICATION

COMBOS & DUOPOLYS: MAKE AS MANY COPIES OF THIS FORM AS NECESSARY TO COMPLETE A SEPARATE STATION INSPECTION APPLICATION FOR EACH STATION TO BE INSPECTED. SUBMIT ALL INSPECTION APPLICATIONS FOR YOUR COMBO OR DUOPOLY STATIONS TOGETHER.

This station hereby requests a WSAB Alternative Inspection Program inspection for the following station. It is understood that the station will be contacted by the contract inspector to arrange the date of the inspection and that payment for the inspection must be received by WSAB prior to the inspection taking place.

Station Call Sign: _____ [circle one] FM TV AM (nondirectional) AM (directional)

City of License: _____ Name of Licensee: _____

Station Location Address: _____ City: _____ State: ____ Zip Code: _____

Station Mailing Address (if different from above): _____

City: _____ State: ____ Zip Code: _____

Station/General Manager: _____

Phone: _____ Fax: _____

E-Mail: _____

Name of Chief Operator: _____

Phone: _____ Fax: _____

E-Mail: _____

AUTHORIZED BY:

Station Manager (print or type)

Station Manager (signature)

Date

ELECTION TO NOTIFY/NOT NOTIFY FCC OF PENDING ABIP INSPECTION. This station elects that WSAB:

_____ WILL _____ WILL NOT

notify the local FCC Field Office that this station has entered into a contract for an ABIP inspection. It is understood that if the station elects to have WSAB not notify the FCC, the station will not be immune from an FCC Field Office inspection until the station passes the ABIP inspection.

IF NO ELECTION IS SPECIFIED IN THIS BOX, WSAB WILL NOTIFY THE FCC.

ENTRIES BELOW THIS LINE BY WSAB ONLY

Date Application Received: _____ Fee Due: \$ _____ [Fee will be calculated by WSAB and invoice sent with ABIP contract upon receipt of this Application]

Date Fee Paid: _____ Inspection Date: _____

(rev. 10/2003)