Licensee Name: _____
Address: _____
PO Box: _____
City: _____
State: _____
Zip Code: _____
Reference#: _____

Call Sign	Is this station constructed and currently operating in accordance with the parameters of the current FCC Authorization?		If the station is no longer operational and should be cancelled please type or write the word "CANCEL" in this column.	If attaching an exhibit indicate the exhibit number for each station in this column.
	Column 1A	Column 1B	Column 2	Column 3
	Yes	No		

I hereby certify that all statements made in this response and in the exhibits, attachments, or documents incorporated by reference are material, are part of the response to this inquiry, and are true, complete, correct, and made in good faith and that I am an authorized employee of _____ duly authorized to sign for the company in these matters.

_____
Signature

_____
Printed Name

_____
Title