



General
Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ALPHA MEDIA LICENSEE LLC Applicant Doing Business As: ALPHA MEDIA LICENSEE LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517-6000		OTH

Contact
Representatives
(1)

Contact Name	Address	Phone	Email	Contact Type
MARNIE K. SARVER WILEY REIN LLP	1776 K STREET, NW WASHINGTON, DC 20006 United States	+1 (202) 719-4289	MSARVER@WILEYREIN.COM	Legal Representative

Digital
Notification

Section	Question	Response
The date new or modified digital operation commenced or ceased	The date new or modified digital operation commenced or ceased:	12/17/2014
Licensee's Technical Representative:	First Name:	THOR WAAGE
	Last Name:	
	Phone:	5035176240
Effective Radiated Power	Analog (kW):	100.000000
	Digital (kW):	1.00000000
Transmitter Output Power	Combined for low-level combined systems (kW):	
	Analog for separate analog systems (kW):	47.0000000
	Digital for separate digital systems (kW):	0.61000000
	Licensee certifies its analog effective radiated power will remain as authorized after commencement of digital operations	

	Licensee certifies that, except for digital power, its facilities conform to the iBiquity Digital Corporation hybrid specification	Yes
	Licensee certifies that its interim digital operations will not cause human exposure to levels of radio frequency radiation in excess of Section 1.1310 of the Commission's rules and is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b)	
	The type of notification:	

Certification

Section	Question	Response
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.	DONNA L. HEFFNER

Attachments

Information not provided.

