

## (REFERENCE COPY - Not for submission) Full Power FM Digital Notification Application

File Number: BDNH-20070511AFE Submit Date: 05/11/2007 Lead Call Sign: WMIL-FM Facility ID: 63919

## FRN: 0014042816

Service: Full Power FMPurpose: Digital NotificationStatus: PendingStatus Date: 05/16/2007Filing Status:Active

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
	CLEAR CHANNEL BROADCASTING LICENSES, Applicant Doing Business As: CLEAR CHANNEL BROADCASTING LICENSES, INC.	INC.	7136 S. Yale Avenue Suite 501 Tulsa, OK 74136 United States	+1 (918) 664-4581	FCCCONTACT@CLEA COM	RCHANNEL.	ОТН
Contact Representatives (0)	Contact Name	Add	ress	Phone	Email	Contact Typ	9
Digital Notification	Section	Quest	ion			Response	
	The date new or modified digital operation commenced or ceased	The da	ate new or moo d:				
	Licensee's Technical Representative:	First Name:					
		Last Name:					
		Phone:					
	Effective Radiated Power	Analog (kW):					
		Digital (kW):					
	Transmitter Output Power	Combined for low-level combined systems (kW):					
		Analog for separate analog systems (kW):					
		Digital for separate digital systems (kW):					
		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

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** The Applicant waives any claim to the use of any particular **Statements** 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. FAILURE TO SIGN THIS APPLICATION MAY RESULT IN Authorized Party to Sign 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.

## Attachments

Information not provided.