

SECTION III - POST-TRANSITION FACILITY (Complete all items unless otherwise indicated.)

1.	Operational Status:
Is the Licensee/Permittee now operating its fully authorized final, DTV (post-transition) facility?	
<input checked="" type="radio"/> Yes <input type="radio"/> No (If YES, go to Section V; If NO, go to Item 2.)	
2.	If Item 1 is NO (i.e., not fully operational), then indicate operational status of final, DTV (post-transition) facility and indicate date Licensee/Permittee expects to begin full, authorized post-transition operations: (check one) <input type="radio"/> (i) Licensee/Permittee is operating its post-transition facility pursuant to program test authority; see 47 C.F.R. § 73.1620(a). If checked, indicate date Licensee/Permittee expects to file its license to cover (FCC Form 302) application. Expected Operational Date: (mm/dd/yyyy) <input type="radio"/> (ii) Licensee/Permittee is operating its post-transition facility pursuant to special temporary authority (STA) or at a reduced facility. If checked, indicate power level and percentage of analog population covered by reduced facility. Power Level kW Population: % <input type="radio"/> (iii) Licensee/Permittee is not operating its post-transition facility.
3.	Construction Status:
Has the Licensee/Permittee completed construction of its final, DTV (post-transition) facility?	
<input type="radio"/> Yes <input type="radio"/> No (If YES, skip Items 4-5 and go to Item 6(a); If NO, go to Item 4.)	
4.	If Item 3 is NO (i.e., not fully constructed), then indicate construction status of final, DTV (post-transition) facility and indicate date Licensee/Permittee expects to complete construction: (check all that apply) <input type="checkbox"/> (i) Licensee/Permittee has not begun construction of its post-transition facility. Expected Construction Date: (mm/dd/yyyy) <input type="checkbox"/> (ii) Licensee/Permittee is now constructing its post-transition facility. <input type="checkbox"/> (iii) Licensee/Permittee has constructed a reduced post-transition facility and additional construction is needed to complete Licensee/Permittee's fully authorized facility.
5.	Construction Permit Status:
Does the Licensee/Permittee hold a license or construction permit for its final, DTV (post-transition) facility?	
<input type="radio"/> Yes <input type="radio"/> No (If YES, go to Item 6(a); If NO, skip Item 6(a) and go to Item 6(b).)	
6.	a. Does the Licensee/Permittee need to modify its license or construction permit in order to match the post-transition facilities defined for the Licensee/Permittee in the final TV Table of Allotments, 47 C.F.R. § 73.622(i), as adopted in the Seventh Report and Order in MB Docket No. 87-268? <input type="radio"/> Yes <input type="radio"/> No (If YES, go to 6(b); If NO, skip Item 6(b) and go to Section IV.) b. Has the Licensee/Permittee filed an application for a new or modified construction permit for its final, DTV (post-transition) facility? (If YES, indicate relevant FCC File No. and date filed; If NO, indicate date Licensee/Permittee expects to file such application.) (NOTE: To qualify for expedited processing, the Licensee/Permittee must file its application within 45 days of the effective date of the Report and Order in the Third DTV Periodic Review proceeding, MB Docket No. 07-91, as well as meet other criteria established in that proceeding.) <input type="radio"/> Yes FCC File No.- Filing Date: (mm/dd/yyyy) <input type="radio"/> No Expected Filing Date:(mm/dd/yyyy)

SECTION IV -- ADDITIONAL STEPS NEEDED TO COMPLETE CONSTRUCTION (For licensees/Permittees that are not fully constructed or operational.)

At present, Licensee/Permittee has the following needs that must be addressed before it can fully construct and/or operate its final, DTV (post-transition) facility: (check all that apply and for all checked responses, describe issue and estimate date of resolution. If necessary, provide an explanation or attach an Exhibit).	Exhibit 2
<input type="checkbox"/> (1) Licensee/Permittee needs to obtain FCC action on a pending application. (If checked, indicate date filed and relevant	

FCC File No.)	
FCC File No. -	Date filed: (mm/dd/yyyy)
<input type="checkbox"/> (2) Licensee/Permittee needs to obtain international government clearance for its post-transition facility.	
<input type="checkbox"/> (3) Licensee/Permittee needs to obtain FAA approval for its post-transition facility.	
<input type="checkbox"/> (4) Licensee/Permittee needs to obtain state or local governmental approval (e.g., zoning) for its post-transition facility.	
<input type="checkbox"/> (5) Licensee/Permittee needs to obtain, adjust and/or install equipment for its post-transition facility. (If checked, specify need below and indicate when equipment was ordered and expected delivery date.)	
<input type="checkbox"/> (1) New antenna.	
<input type="checkbox"/> (2) Adjust or install antenna (except for side-mount issue).	
<input type="checkbox"/> (3) Switch side-mounted DTV antenna with top-mounted analog antenna.	
<input type="checkbox"/> (4) New transmitter.	
<input type="checkbox"/> (5) Adjust or install transmitter.	
<input type="checkbox"/> (6) General installation of equipment requiring hiring of a tower crew.	
<input type="checkbox"/> (7) Other equipment needs. (If checked, specify.)	
<input type="checkbox"/> (6) Licensee/Permittee needs to change its tower location or construct a new tower.	
<input type="checkbox"/> (7) Licensee/Permittee needs to coordinate its transition with other broadcast stations. (If checked, specify Call Signs of those other stations.)	
<input type="checkbox"/> (8) Licensee/Permittee has other needs that must be addressed before it can fully construct and operate its post-transition facility. (If checked, explain.)	

SECTION V -- ANALOG SERVICE

Status of Analog Service. (Check one.) If necessary, provide an explanation or attach an Exhibit. Note: Full-power television broadcast stations must cease broadcasting in analog as of the transition date (i.e., June 12, 2009), as required by statute; see 47 U.S.C. § 309(j)(14).	Exhibit 3
<input type="radio"/> (1) Licensee/Permittee will continue to provide full, authorized analog service until the transition date.	
<input type="radio"/> (2) Licensee/Permittee has obtained FCC approval to reduce its analog service prior to the transition date. If checked, indicate relevant FCC File No., date reduced service will begin, power level and percentage of population covered by Licensee/Permittee's analog service.	
<input checked="" type="radio"/> (3) Licensee/Permittee has obtained FCC approval to terminate its analog service prior to the transition date. If checked, indicate relevant FCC File No. and date service will cease.	
<input type="radio"/> (4) Licensee/Permittee has filed an application with the FCC requesting approval to reduce its analog service prior to the transition date. If checked, indicate relevant FCC File No., proposed date reduced service would begin, proposed power level and percentage of population that would be served by Licensee/Permittee's proposed reduced analog service.	
<input type="radio"/> (5) Licensee/Permittee has filed an application with the FCC requesting approval to terminate its analog service prior to the transition date. If checked, indicate relevant FCC File No. and proposed date service will cease.	

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