

**ALTERNATIVE BROADCAST
INSPECTION REQUEST**

City of License: _____

Call Letters of Station(s) to be Inspected: _____
AM, FM, AM/FM Combo or TV

Note: **A separate request form must be submitted for each station.** An AM/FM combo-same licensee, same location, and 100% programming duplication-counts as a single station. Please duplicate this form for additional copies.

General Manager/Station Manager Telephone

Studio Address

City/State/Zip

CIRCLE ONE:
ABA MEMBER NON-MEMBER

Type of station (Check appropriate classification)	<u>Member</u>	<u>Non-Member</u>
_____ TV	\$250	\$450
_____ AM	\$250	\$450
_____ FM	\$250	\$450
_____ AM/FM Combo	\$250	\$450

(To qualify for the Combo rate, both stations must have the same licensee, same location, and 100% programming duplication.)

OTHER FEES (Check all that apply)

_____ Transmitter/Tower Off Site	\$150	\$150
_____ Translator	\$150	\$150
_____ AM Directional	\$250	\$250
_____ Re-Inspection	\$150	\$150

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The undersigned wishes to participate in the Arkansas Broadcasters Association Alternative Broadcast Inspection Program. I understand the ABA will send me an invoice for the balance due for the inspection and the inspection will not be completed until fees are received by ABA.

Authorized Signature

Title

Date

Mail form(s) to:

Arkansas Broadcasters Association
2024 Arkansas Valley Dr.
Suite 403
Little Rock, AR 72212

A date-stamped copy of this form will be faxed to the General Manager and to the FCC New Orleans field office.