

FOR  
FCC  
USE  
ONLY

**FCC 302-AM  
APPLICATION FOR AM  
BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO. **BXL-20180816ABK**

**SECTION I - APPLICANT FEE INFORMATION**

1. PAYOR NAME (Last, First, Middle Initial)

Entercom Communications Corp.

MAILING ADDRESS (Line 1) (Maximum 35 characters)

401 E. City Ave

MAILING ADDRESS (Line 2) (Maximum 35 characters)

Suite 809

CITY

Bala Cynwyd

STATE OR COUNTRY (if foreign address)

PA

ZIP CODE

19004

TELEPHONE NUMBER (include area code)

6106605610

CALL LETTERS

WPHT

OTHER FCC IDENTIFIER (if applicable)

9634

2. A. Is a fee submitted with this application?

Yes  No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section

Governmental Entity  Noncommercial educational licensee  Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)		
FEE TYPE CODE		
M	M	R

(B)			
FEE MULTIPLE			
0	0	0	1

(C)
FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$ 700.00

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)		

(B)			
FEE MULTIPLE			
0	0	0	1

(C)
FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$

FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION
\$ 700.00

FOR FCC USE ONLY

<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT CBS Radio East, LLC		
MAILING ADDRESS 401 E. City Ave, Suite 809		
CITY Bala Cynwyd	STATE PA	ZIP CODE 19004

2. This application is for:

- Commercial       Noncommercial  
 AM Directional       AM Non-Directional

Call letters WPHT	Community of License Philadelphia, PA	Construction Permit File No. BXP-20150521AAQ	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 10/27/2018
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

Yes  No

Exhibit No.

If No, explain in an Exhibit.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

Yes  No

Exhibit No.

If No, state exceptions in an Exhibit.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

Yes  No

Exhibit No.

If Yes, explain in an Exhibit.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

Yes  No

Does not apply

Exhibit No.

If No, explain in an Exhibit.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

Yes  No

Exhibit No.

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

Yes  No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby 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 use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

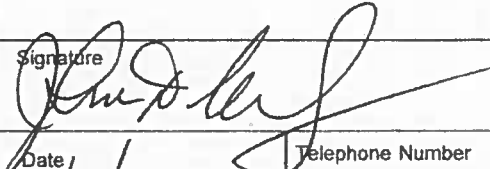
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

**CERTIFICATION**

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes  No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name John Kennedy	Signature 
Title Vice President of Technical Operations	Date 8/14/2018
	Telephone Number 617-779-5367

**WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION**

**FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.



SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Guyed Tower	60.4	60.8	60.8	Exhibit No. N/A

Excitation  Series  Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 39 ° 58 ' 42 "	West Longitude 74 ° 59 ' 15 "
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.  
ENG

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.  
ENG


10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

None

11. Give reasons for the change in antenna or common point resistance.

New construction

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Kurt Gorman	Signature (check appropriate box below) 
Address (include ZIP Code) Phasetek Inc. 550 California Rd., Unit 11 Quakertown, PA 18951	Date August 13, 2018 Telephone No. (Include Area Code) 215-536-6648

Technical Director

Registered Professional Engineer

Chief Operator

Technical Consultant

Other (specify)

**CLEAR ALL PAGES**



**Laura Berman**  
Senior Counsel  
1015 Half Street, S.E., Suite 200, Washington, D.C. 20003

August 15, 2018

**VIA OVERNIGHT DELIVERY**

Federal Communications Commission, c/o US Bank  
Government Lockbox #979089 - SL-MO-C2-GL  
1005 Convention Plaza  
St. Louis MO 63101  
ATTENTION: FCC Government Lockbox

**Re: WPHT(AM), Philadelphia, PA (FIN 9634)  
License to Cover BXP-20150521AAQ**

Dear Sir or Madam:

CBS Radio East, LLC ("Licensee"), licensee of WPHT(AM), Philadelphia, Pennsylvania (Facility Id. No. 9634) ("Station"), hereby submits in triplicate, an application on FCC Form 302-AM requesting a license to cover BXP-20150521AAQ (the "Permit"). Also enclosed is a completed FCC Form 159 with credit card payment in the amount of \$700.00 to cover the applicable filing fee.

Please date-stamp the enclosed "Return Copy" of this filing and return it in the self-addressed, stamped envelope enclosed for that purpose.

If you have any questions, please contact me at 484-270-6312 or [laura.berman@entercom.com](mailto:laura.berman@entercom.com).

Sincerely,

A handwritten signature in black ink, appearing to read "LMB", with a long horizontal flourish extending to the right.

Laura M. Berman

Enclosures

ETM:100196\_1

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R

2018 SEP -4 PM 2: 08

John C. Trent

Of Counsel:

Cary S. Tepper\*

Howard M. Weiss

Keith E. Putbresi (Retired)

David M. Hunsaker

(1944-2002)

\*Not Admitted in Virginia

Law Offices

Putbresi Hunsaker & Trent, P.C.

A Professional Corporation

200 S. Church Street

Woodstock, Virginia 22664

August 30, 2018

VIA COURIER

Tel: (540) 459-7646  
Fax: (540) 459-7656  
Website: www.phtplaw.com

Accepted / Filed

AUG 30 2018

Federal Communications Commission  
Office of the Secretary

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington DC 20554

Re: Radio Station WMDG (AM), East Point, Georgia (FCC Facility ID No. 19541); Amendment to License to Cover Application BL-20180522ABA

Dear Madam Secretary:

On behalf of **Northwest Georgia Broadcasting, LLC**, the Licensee of Radio Station WMDG (AM), East Point, Georgia, please find attached in triplicate an **AMENDMENT** to FCC Form 302-AM License Application BL-20180522ABA. This Amendment comes at FCC Staff request and as such, good cause exists for its acceptance.

If you have any questions, please contact this office.

Very truly yours,



John C. Trent

cc: WMDG Public Inspection File  
Robin Lott, FCC Audio Division (via e-mail)

FOR  
FCC  
USE  
ONLY

AUG 30 2018

Federal Communications Commission  
Office of the Secretary

**FCC 302-AM**  
**APPLICATION FOR AM**  
**BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

20180522ABA

<b>SECTION I - APPLICANT FEE INFORMATION</b>			
1. PAYOR NAME (Last, First, Middle-Initial) Michael Gliner			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 8690 Scenic Highway			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Pensacola	STATE OR COUNTRY (if foreign address) Florida		ZIP CODE 32514
TELEPHONE NUMBER (include area code) 850-501-6475	CALL LETTERS WMDG	OTHER FCC IDENTIFIER (if applicable)	
2. A. Is a fee submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input checked="" type="checkbox"/> Other (Please explain):			
C. If Yes, provide the following information: <b>AMENDMENT</b>			
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).			
(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	0 0 0 1	\$	
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.			
(A)	(B)	(C)	FOR FCC USE ONLY
	0 0 0 1	\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION	FOR FCC USE ONLY
		\$	

0625708025

466 8874



<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT Northwest Georgia Broadcasting LLC		
MAILING ADDRESS 8690 Scenic Highway		
CITY Pensacola	STATE Florida	ZIP CODE 32514

2. This application is for:
- Commercial       Noncommercial
- AM Directional       AM Non-Directional

Call letters WMDG	Community of License East Point	Construction Permit File No. BP20161107ACA	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?  Yes  No

If No, explain in an Exhibit.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?  Yes  No

If No, state exceptions in an Exhibit.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?  Yes  No

If Yes, explain in an Exhibit.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?  Yes  No

If No, explain in an Exhibit.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?  Yes  No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

Yes  No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby 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 use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

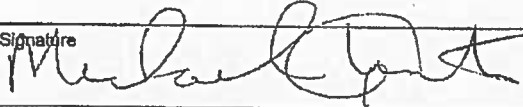
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

### CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes  No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name Michael Glinter	Signature 	
Title President	Date 8-29-2018	Telephone Number 850-501-6475

**WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION**

#### FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

**SECTION III - LICENSE APPLICATION ENGINEERING DATA**

Name of Applicant  
**Northwest Georgia Broadcasting LLC**

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

- Station License                       Direct Measurement of Power

1. Facilities authorized in construction permit					
Call Sign <b>WMDG</b>	File No. of Construction Permit (if applicable) <b>BP20161107ACA</b>	Frequency (kHz) <b>1280</b>	Hours of Operation <b>Daytime</b>	Power in kilowatts	
				Night <b>.052</b>	Day <b>5.10</b>
2. Station location					
State <b>Georgia</b>			City or Town <b>East Point</b>		
3. Transmitter location					
State <b>Georgia</b>	County <b>Fulton</b>		City or Town <b>East Point</b>	Street address (or other identification) <b>2146 Dodson Rd</b>	
4. Main studio location					
State <b>TBD</b>	County		City or Town	Street address (or other identification)	
5. Remote control point location (specify only if authorized directional antenna)					
State	County		City or Town	Street address (or other identification)	

6. Has type-approved stereo generating equipment been installed?                       Yes     No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?                       Yes     No

Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No.

8. Operating constants:						
RF common point or antenna current (in amperes) without modulation for night system <b>0.68 amps</b>			RF common point or antenna current (in amperes) without modulation for day system <b>5.85 amps</b>			
Measured antenna or common point resistance (in ohms) at operating frequency			Measured antenna or common point reactance (in ohms) at operating frequency			
Night	Day		Night	Day		
<b>149 ohms</b>	<b>149 ohms</b>		<b>+113</b>	<b>+113</b>		
Antenna indications for directional operation						
Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day
Manufacturer and type of antenna monitor:						

SECTION III - Page 2

9. Description of antenna system (If directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Single cross section	59.44	60.1	60.35	Exhibit No.

Excitation  Series  Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 33 ° 41 ' 47 "	West Longitude 84 ° 28 ' 29 "
-------------------------------	-------------------------------

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

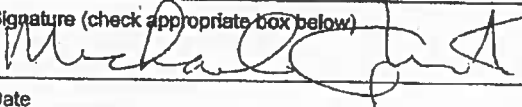
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

none

11. Give reasons for the change in antenna or common point resistance.

New Transmission Line

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Michael Gliner	Signature (check appropriate box below) 
Address (include ZIP Code) 8690 Scenic Highway Pensacola Florida 32514	Date 8-29-2018
	Telephone No. (Include Area Code) 850-501-6475

Technical Director

Registered Professional Engineer

Chief Operator

Technical Consultant

Other (specify)

**FCC US BANK**  
FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE  
FORM 159

100011001100001

(1) LOCKBOX # <b>979089</b> <b>879089</b>	<b>2018 SEP -4 PM 2: 12</b>	SPECIAL USE ONLY
		FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>Entercom Communications Corp.</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>\$700.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>401 E. City Ave</b>		
(5) STREET ADDRESS LINE NO. 2 <b>Suite 809</b>		
(6) CITY <b>Bala Cynwvd</b>	(7) STATE <b>PA</b>	(8) ZIP CODE <b>19004</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>6106605610</b>	(10) COUNTRY CODE (if not in U.S.A.)	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) <b>0006113955</b>	(12) FCC USE ONLY
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IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(13) APPLICANT NAME <b>CBS Radio East, LLC</b>		
(14) STREET ADDRESS LINE NO. 1 <b>401 E. City Ave</b>		
(15) STREET ADDRESS LINE NO. 2 <b>Suite 809</b>		
(16) CITY <b>Bala Cynwvd</b>	(17) STATE <b>PA</b>	(18) ZIP CODE <b>19004</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>6106605610</b>	(20) COUNTRY CODE (if not in U.S.A.)	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) <b>0027099092</b>	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID <b>WPHT</b>	(24A) PAYMENT TYPE CODE <b>MMR</b>	(25A) QUANTITY <b>1</b>
(26A) FEE DUE FOR (PTC) <b>\$700.00</b>	(27A) TOTAL FEE <b>\$700.00</b>	FCC USE ONLY
(28A) FCC CODE 1 <b>9634</b>	(29A) FCC CODE 2	

(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT  
I, \_\_\_\_\_, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SECTION E - CREDIT CARD

ACCOUNT NUMBE  
I hereby authorize the  
SIGNATURE *[Signature]*

**PAID BY CREDIT CARD**