Alternative FCC Inspection Order Form

RETURN THIS FORM NO LATER THAN February 28, 2020

To facilitate the processing of your request for participation in the Minnesota Broadcasters Association Alternative FCC-inspection program, please provide the following information for our inspectors, which will enable the completion of you Alternative Broadcast Inspection Program certificate of compliance in accordance with current FCC mandates.

A SEPARATE FORM IS REQUIRED FOR EACH STATION.

Station Call Sign:	AM FM TV Trans	slator P	lease send an invoice
Station General Manage	er and Email Address:		
Frequency or Channel:	, Licensee:		
Community of License:	Facility ID #		
Mailing Address:			
City: State:	Zip:		
Phone #: Fax #:			
Contact Person at the sta	ation:		
Email Address of Contact Person at the station:			
Address and directions to location where inspector is to report:			
AUTHORIZATION AND INDEMNIFICATION FOR CONDUCTING ALTERNATIVE FCC INSPECTIONS			
Minnesota Broadcasters A Communications Commis condition of participation inspector and the MBA. AND FCC ABIP INS INSPECTOR AS NECE CAUSES OF ACTION	Association (MBA) to conduct assion Alternative Broadcast in in this voluntary program, Therefore, by signing below SPECTION OF YOUR ESSARY AND WAIVE ALL	and inspection of static Inspection Program fo our members must w , YOU AUTHORIZE STATION, PLEDGE RIGHTS TO ANY LIC CTOR AND THE M	or regulatory compliance. As a aive all legal action against the INSPECTOR TO CONDUCT TO COOPERATE WITH EGAL ACTION, CLAIM AND IBA ARISING OUT OF OR
(Station representative sig	gnature) (Date)	(Inspector signature)	(Date)