



**STATION INFORMATION**

Call Letters: \_\_\_\_\_

Old Call Letters (If changed within the last year): \_\_\_\_\_

Ownership Name: \_\_\_\_\_

Studio Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

General Manager: \_\_\_\_\_

General Manager's Email: \_\_\_\_\_

General Manager's Cell Phone #: \_\_\_\_\_

Chief Engineer: \_\_\_\_\_

Chief Engineer's Email: \_\_\_\_\_

Chief Engineer's Cell Phone #: \_\_\_\_\_

***\*IF CONTACT IS OTHER THAN CHIEF ENGINEER, PLEASE COMPLETE BELOW***

Designated Inspection Contact: \_\_\_\_\_

Designated Inspection Contact's Email: \_\_\_\_\_

Designated Inspection Contact's Phone #: \_\_\_\_\_

**INSPECTION TYPE (Please Check Appropriate Box):**

**FAB Member:**

AM Station (\$400)

FM Station (\$450)

TV Station (\$500)

**Non-Member:**

AM Station (\$800)

FM Station (\$900)

TV Station (\$1000)

**FLORIDA ASSOCIATION OF BROADCASTERS (Inspection Application)**

**Provision of Inspection**

We hereby request a FAB/FCC Alternative Inspection Program Inspection.

In signing this form and enclosing a check for the designated amount, we are contracting with FAB for the inspection. We understand that we will be contacted by the contract inspector to arrange the date of the inspection. We understand that this inspection will be confidential between the station and the contract inspector and that no file or report from the inspection will be maintained by FAB. We understand that if a re-inspection is necessary due to problems found, we will be responsible for all inspector travel costs and charged half of the original FAB-ABIP inspection rate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date