



PUBLIC FILE AUDIT APPLICATION

Call Letter(s): _____

Ownership (Licensee): _____

Address: _____

Daytime Phone #: _____

Fax #: _____

General Manager: _____

General Manager's Email: _____

General Manager's Phone #: _____

Public File Administrator: _____

Public File Administrator Email: _____

Public File Administrator Phone #: _____

Ownership (Licensee) Changes during License term _____
(Most recent only; Radio since 2-1-11; TV since 2-1-12)

Date of most recent Consummation of Sale _____
(Affects retention requirements)

** The Cost Of The Public File Audit Program Is Designed To Be Affordable To All Stations; However, No Application Will Be Accepted Without Payment. The Fees Below Are Per Station.*

AM/FM Station (\$50/station)

TV Station (\$75/station)

FLORIDA ASSOCIATION OF BROADCASTERS

Provision of Public File Audit

We hereby request a FAB Public File Audit. In signing this form and enclosing a check for the designated amount, we are contracting with FAB for the audit. We understand that we will be contacted by the Compliance Specialist to arrange the date of the audit. All records are strictly confidential. Completion of the audit does not guarantee protection from FCC inspections or those by members of the Public. It will, however, offset the likelihood of potential problems or consequences as a result of addressing any issues in advance and reporting as required on the Renewal Application.

Signature

Date

Mail the Inspection Application and check to the following address:
Florida Association of Broadcasters, Inc.
ATTN: Heather Smith
201 South Monroe Street, Suite 201
Tallahassee, FL 32301

If you have any questions, please contact Heather Smith at hsmith@fab.org or 850-681-6444