

BROADCAST STATION INSPECTION APPLICATION

Hawaii Association of Broadcasters, Inc. Voluntary Inspection Programs

By signing this form and enclosing a check for the designated amount, we hereby request an inspection under the California Broadcasters Association Voluntary Inspection Program.

Call Letters of Station: _____ Frequency/Channel: _____

Community of License: _____

Company Name: _____

Type of Station: AM FM TV

General Manager: _____

Station Address: _____

City : _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Web address: _____ Email: _____

Schedule of Fees For All Broadcast Stations

HAB Members: \$ 600.00

Non-Members: \$1,500.00

We understand that we will be contacted by Orchard Media Services; the contract compliance specialists designated by the Association to arrange the date and details of the inspection.

We understand that any information gathered during this inspection is private and confidential information of the station, and will be so protected by the Association and the compliance specialists. None of this information, other than the date of successful completion of the inspection, will be released to any other party without the express request of the station.

It is understood that the Association and its compliance specialists assume no responsibility, either expressed or implied, as to the absolute compliance with FCC Rules and Regulations or any station employee actions as a result of an inspection which is offered in good faith in accordance with the agreement between the Association and the Federal Communications Commission. The FCC agrees not to inspect a station for other than good cause for a period of two years if it is deemed in compliance by the Association.

*Please complete this form with payment and return it to the CBA offices:

915 L Street, Suite, 1150 Sacramento, CA 95814
Phone 916-243-4733 Fax: 916-444-2043

***This is important. Do not send to the HAB.**