

**NEVADA BROADCASTERS ASSOCIATION
ALTERNATIVE BROADCAST INSPECTION PROGRAM
CONTRACT SUMMARY**

STATION CALL LETTERS _____ SERVICE _____

COMMUNITY OF LICENSE/STATE _____

FACILITY ID# _____ FREQUENCY/CHANNEL _____

LICENSEE NAME _____

AUTHORIZED SIGNATURE _____

TITLE _____

DATE OF CONTRACT _____

STATION MAILING ADDRESS _____

STUDIO ADDRESS _____

TRANSMITTER LOCATION _____

ESTIMATED DATE OF INSPECTION _____

150 DAY DEADLINE _____

NEVADA BROADCASTERS ASSOCIATION SIGNATURE
