

**Applicant Information** FCC Registration Number (FRN)

Legal Entity Type:  If Other, please specify

First Name:  MI:  Last Name:  Suffix:

Entity Name

If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?  Yes  No

Attention To:

P.O. Box:  Address:

City:  State:  Zip Code:

Phone No.:  FAX Number:  E-Mail:

**Real Party in Interest**

Name of Real Party in Interest (if different from applicant)  FCC Registration Number (FRN) of Real Party in Interest  [Enter to retrieve RPI name](#)

**Contact Information**

First Name:  MI:  Last Name:  Suffix:

Company:

Attention To:

P.O. Box:  Address:

City:  State:  Zip Code:

Phone No.:  FAX Number:  E-Mail:

**Demographics (Optional)**

Race  American Indian or Alaska Native  Asian  Black or African-American  
 Native Hawaiian or Other Pacific Islander  White

Ethnicity  Gender