# **FCC 388**

# **DTV Quarterly Activity Station Report**

#### **Instructions**

**Station Call Sign(s)** 

This form must be filed by all broadcasters subject to the requirements of 47 C.F.R. §§ 73.3526 and 73.3527. It should be used to provide the Federal Communications Commission (FCC) with information pertaining to all station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcement (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed using the Broadcast Radio and Television Consolidated DataBase System (CDBS), and placed in the station's Public Inspection File. For more information on filing via CDBS, please visit: <a href="http://www.fcc.gov/mb/cdbs.html">http://www.fcc.gov/mb/cdbs.html</a>. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

Report reflects information for quarter ending (mm/dd/yy)						
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?						
Option One (A ar	nd D) Option Tw	o (B and I	Opti	ion Thr	ee (C and D)	
Over the past quarter, have you fully complied with the requirements of this option?  Yes No						
Simulcasting Are you simulcasting on your Analog channel and your primary Digital stream?						
Yes No						
If <b>YES</b> , complete only one form for both. If <b>NO</b> , complete a form for your Analog channel and a second for your primary Digital stream.						
Call Sign	Channel Numbers		Comi	munity of	License	
	Analog	(	City	State	County	Zip Code
	Digital					
Licensee						
Above, check the Channel Number(s) to which this form applies.			Nielsen DMA	World	World Wide Web Home Page Address	
Facility ID Number	Previous Call Sign (if app	licable)	Licens	e Renewa	l Expiration Date (mr	a/dd/yy)

### **Section A (For broadcasters electing Option One)**

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period)
during the correct quarters of the day?
Yes No
Have you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period)
during the correct quarters of the day?
Yes No

#### Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

# Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between	5:00 a.m. and 1:00 a.m. last quarter?
Total 5:00 a.m. to 1:00 a.m. PSAs	
Total 5:00 a.m. to 1:00 a.m. CSTs	
For informational purposes only, how many DTV PSAs and CS to 9:00 a.m.?	Ts did your station run in the last quarter from 6:00 a.m.
Total 6:00 a.m. to 9:00 a.m. PSAs	
Total 6:00 a.m. to 9:00 a.m. CSTs	
For stations located in the Eastern or Pacific Time Zone, how last quarter from 6:00 p.m. to 11:35 p.m. (must average at least	•
Total 6:00 p.m. to 11:35 p.m. PSAs	
Total 6:00 p.m. to 11:35 p.m. CSTs	
For stations located in the Central or Mountain Time Zone, ho last quarter from 5:00 p.m. to 10:35 p.m. (must average at least	
Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	
Comments (add additional sheets where necessary):	

# **30 Minute Educational Programs - Last Quarter**

program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to June 12, 2009.		
Total number of 30 Min	nute Informational Programs	
Comments (add addition	nal sheets where necessary):	
To DTV" per day during and differing analog to number of times during	Last Quarter All stations participating in Option Two must air a minimum of one "Countdown ng certain periods. Due to the delay in the DTV deadline, the revision of the countdown rules, ermination dates, not every station was required to air the "Countdown To DTV" the same g the first quarter of 2009. Below, list the actual number of days on which your station aired any DTV," and, in the Comments field, briefly explain how this number of days was calculated.	
	_ Graphic Displays	
	_ Animated Graphics	
	Graphic and Audio Displays	
	Longer Form Reminders	
Comments (add addition	nal sheets where necessary):	

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such

# Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (6) during each day this quarter?  Yes  No	0, 120, or 180 seconds per day, depending on the date)			
30 Minute Educational Programs - Last Quarter				
How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to June 12, 2009.				
Total number of 30 Minute Informational Programs				
Comments (add additional sheets where necessary):				

# Section D (For all broadcasters) Additional DTV On-air Initiatives - Last Quarter Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives. Comments (add additional sheets where necessary): Yes Station Website Additional Activity Related to the DTV Transition - Last Quarter Does your station have a Website? No If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website. Comments (add additional sheets where necessary): Additional DTV Outreach Efforts -- Last Quarter Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity. **Speaking Engagements** Comments (add additional sheets where necessary): Community Events Comments (add additional sheets where necessary):

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments (add additional sheets where necessary):

Comments (add additional sheets where necessary):			

Other (describe)

#### STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Signature	Date

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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