



DIGITAL SIGNAL QUESTIONNAIRE

This questionnaire should be filled out and e-mailed to BMI during the month of October 2002, 2003 and 2004.

Legal Name of Licensee: _____

Analog Signal Call Letters: _____

Station's Address: _____

City: _____ **State:** _____

1. Is the station currently broadcasting a digital signal?
 Yes
 No (Skip all remaining questions)
2. What are the call letters of your digital signal? _____-DT
3. What are the current weekly hours of on-air operation of your digital signal? _____
4. Does your digital signal programming consist completely of simulcasts of your analog signal programming?
 Yes (Skip the last question)
 No
5. If your digital signal programming differs from your analog signal programming, or if you have multicast programming in your digital signal, please identify all non-simulcast programming broadcast in your digital signal, including broadcast dates and times. (Please add additional sheets as necessary.)
