



ABIP INSPECTION FORM

The Georgia Association of Broadcasters offers our Alternative Broadcast Inspection Program (ABIP), which allows a three- year immunity from a walk- in FCC inspection. Once compliance is achieved and a certificate has been issued, the FCC will not perform a random walk-in of the station for three years from the date of certification.

NOTE: Exceptions to immunity: Tower safety issues & compliant-initiated issues related to political broadcasting or public file.

Sign Up:

- 1.) Fill out this form and send it to admin@gab.org
- 2.) Once inspection request is received, GAB contacts an inspector to schedule an inspection. The inspector will notify the station of the inspection date. GAB will notify the FCC that an inspection is pending. For a period of 150 days from the date of the agreement, the station will not be subject to a random inspection.
- 3.) The inspector completes an FCC inspection and station receives confidential reports outlining problems/violations. If issues are found, they must be corrected within 60 days of being notified. If station does not meet requirements a re-inspection will be scheduled.
- 4.) When the inspection is complete & the station passes, GAB bills station for the inspector's expenses. If a reinspection occurs the station is required to pay inspector's expense for both inspections. After payment, the GAB sends a signed certificate and station should display in the entryway of the station.

The Agreement: We request an ABIP Inspection and in signing this form, we are contracting with GAB for an inspection by a certified ABIP Inspector. The Inspector will arrange the date. We agree to pay travel expenses. The GAB agrees confidentiality concerning the inspection. No inspection report is given to the GAB or FCC and all details are strictly between the inspector and station.

Please complete for all stations:

Calls _____ TV/FM/AM _____ Facility ID # _____ City of License _____

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Certificate Expiration Date: _____

Inspection Contact Name: _____ Email: _____

Address _____ Phone: _____

Studio Address (if different): _____

Date Submitted: _____ Manager's Name: _____

Manager's Signature _____