



Please mail or fax your completed report forms to:
Broadcast Music, Inc.
Attn: Radio Per Program Operations
10 Music Square East
Nashville, TN 37203-4399
Fax: (615) 401-5420

Week Covered By This Report

From To
 Deadline to Submit Report

Radio Station Covered By This Report

Call Letters
 (Indicate AM or FM)
 Account Number

Other Station(s) Covered By Report (100% Simulcast)

PART 1 TOTAL WEIGHTED PERIODS COMPUTATION

IF YOU BROADCAST 24 HOURS/DAY, CHECK THIS BOX, SKIP THE TABLE BELOW, AND GO TO PART 2.

Time Period (Col. 1)	No. of Hours on Air During Time Period Per Day (Col. 2)	Multiplier (4) Periods Per Hour (Col. 3)	No. of Periods on Air Per Day (Col. 4)	No. of Weekdays, Saturday & Sundays in Week (Col. 5)	Total No. of Periods on Air During Week (Col. 6)	Applicable Weight (Col. 7)	Total Weighted Periods (Col. 8)
Weekdays:	Midnight to 6:00 AM	X 4	=	X 5	=	X .25	=
	6:00 AM to 10:00 AM	X 4	=	X 5	=	X 1.00	=
	10:00 AM to 3:00 PM	X 4	=	X 5	=	X .50	=
	3:00 PM to 7:00 PM	X 4	=	X 5	=	X .75	=
	7:00 PM to Midnight	X 4	=	X 5	=	X .50	=
Weekends:	Saturdays (max. 24 hrs.)	X 4	=	X 1	=	X .25	=
	Sundays (max. 24 hrs.)	X 4	=	X 1	=	X .25	=

Instructions if on air less than 24 hours a day:
 Col. 2 - Enter the number of hours per day on air during the time period in Col. 1.
 Col. 4 - Multiply the entry in Col. 2 by the multiplier in Col. 3.
 Col. 6 - Multiply Col. 4 by Col. 5.
 Col. 8 - Multiply Col. 6 by Col. 7 and total all entries in Col. 8 and place total in "Total Weighted Periods".

Total Weighted Periods (Add entries in Col. 8)

PART 2 COMPENSABLE WEIGHTED PERIODS COMPUTATION

- A. IF NO FEATURE MUSIC WAS BROADCAST DURING THE WEEK, SKIP B. & C. AND CHECK THIS BOX.**
- B. COMPLETE SCHEDULE 2 TO REPORT ANY FEATURE MUSIC BROADCAST DURING THE WEEK.**
- C. COMPLETE THE TABLE BELOW TO CONCEDE ANY 15-MINUTE PERIOD(S) TO CONTAIN PERFORMANCES OF BMI LICENSED FEATURE MUSIC. Schedule 2 does NOT have to be submitted for conceded periods.**

Time Period (Col. 1)	Enter the NUMBER of clock 15-minute programming periods you wish to CONCEDE (Col. 2)							Total 15-minute Periods (Col. 3)	Time Period Weight (Col. 4)	Total Conceded Periods (Col. 5)
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Midnight to 6:00 AM								X .25	=	
6:00 AM to 10:00 AM								X 1.00	=	
10:00 AM to 3:00 PM								X .50	=	
3:00 PM to 7:00 PM								X .75	=	
7:00 PM to Midnight								X .50	=	
Saturdays								X .25	=	
Sundays								X .25	=	

Note: Please reference the instructions to properly complete this section.

Total Conceded Weighted Periods (Sum entries in Col. 5)

SUBMITTED BY [You must also fax your QMR to the RMLC at (615) 844-6261]

BMI RECEIVED DATE

 Name (Please Print) Position/Title

X _____
 Signature Date