

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Engineering STA		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant POLNET COMMUNICATIONS, LTD.			
	Mailing Address 50 TURNER AVE.			
	<table border="1"> <tr> <td>City ELK GROVE VILLAGE</td> <td>State or Country (if foreign address) IL</td> <td>Zip Code 60007 -</td> </tr> </table>	City ELK GROVE VILLAGE	State or Country (if foreign address) IL	Zip Code 60007 -
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	<table border="1"> <tr> <td>Telephone Number (include area code) 7735886300</td> <td>E-Mail Address (if available)</td> </tr> </table>	Telephone Number (include area code) 7735886300	E-Mail Address (if available)	
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	<table border="1"> <tr> <td>FCC Registration No 0005880075</td> <td>Call Sign WRKL</td> <td>Facility ID Number 50057</td> </tr> </table>	FCC Registration No 0005880075	Call Sign WRKL	Facility ID Number 50057
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2.	Contact Representative (if other than licensee/permittee) MARK N. LIPP			
	Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC			
	Mailing Address 1300 NORTH 17TH STREET, 11TH FLOOR			
	<table border="1"> <tr> <td>City ARLINGTON</td> <td>State or Country (if foreign address) VA</td> <td>ZIP Code 22209 -</td> </tr> </table>	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 -
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	<table border="1"> <tr> <td>Telephone Number (include area code) 7038120445</td> <td>E-Mail Address (if available) LIPP@FHHLAW.COM</td> </tr> </table>	Telephone Number (include area code) 7038120445	E-Mail Address (if available) LIPP@FHHLAW.COM	
Telephone Number (include area code) 7038120445	E-Mail Address (if available) LIPP@FHHLAW.COM			
3.	Purpose:			
	<input checked="" type="radio"/> Engineering STA			
	<input type="radio"/> Extension of Existing Engineering STA			
	<input type="radio"/> Legal STA			
	<input type="radio"/> Extension of Existing Legal STA			
4.	Service: AM			
5.	Community of License: City: NEW CITY State: NY			
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114):			
	<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other			
	<input checked="" type="radio"/> N/A (Fee Required)			

TECHNICAL SPECIFICATIONS

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

TECH BOX

7.0.	STA is requested for use of
	<input checked="" type="radio"/> Licensed Antenna system with:
	<input checked="" type="radio"/> Reduced power
	<input type="radio"/> Reduced hours of operation

- Required equipment out of service
- Other variance [Exhibit 13]
- Antenna system authorized by Construction Permit: -
Describe requested modes of operation [Exhibit 14]
- Emergency wire antenna. Provide a full description in the Exhibit to Question 8. Do not complete the directional or nondirectional tower subforms.
- Other antenna system: (Complete Items 7.1 - 7.7)

7.1. Frequency: 910 kHz

7.2. Class (select one):
A B C D

7.3. Hours of Operation:
 Unlimited Limited Daytime Share Time Specified Hours:

7.4. Daytime: Yes No
[Daytime Operation]

7.4. Daytime Operation

a. Power: 0.2 kW

b. Antenna Location Coordinates: (NAD 27)

Latitude:

Degrees 41 Minutes 10 Seconds 53.1 North South

Longitude:

Degrees 74 Minutes 2 Seconds 55 West East

c. and d.

Complete the appropriate following items. If additional space is needed, please provide the [Exhibit 17] information requested below in an Exhibit.

Nondirectional Directional

Theoretical RMS: 309.395 mV/m per kW at 1 km (Nondirectional)
mV/m at 1 km (Directional)

Standard RMS: mV/m at 1 km (Directional Only)

[Nondirectional Tower Subform]

7c. Nondirectional Tower:

Tower Number	4
Overall height above ground (include obstruction lighting) (meters)	85
Antenna structure registration	

	Number: 1015283 <input type="checkbox"/> Notification filed with FAA <input type="checkbox"/> Not Applicable
Is this tower:	<input type="radio"/> (a) Top-loaded <input type="radio"/> (b) Sectionalized <input checked="" type="radio"/> (c) Neither
Height of radiator above base insulator, or above base, if grounded (meters)	85
Electrical height of radiator (degrees)	90
Top-Loaded/Sectionalized apparent height (degrees)	
A	
B	
C	
D	

or
 [Directional Towers Subform]

7.5. **Nighttime:** Yes No
 [Nighttime Operation]

7.5. Nighttime Operation

a. Power: 0.2 kW

b. Antenna Location Coordinates: (NAD 27)

Latitude:

Degrees 41 Minutes 10 Seconds 53.1 North South

Longitude:

Degrees 74 Minutes 2 Seconds 55 West East

c. and d.

Complete the appropriate following items. If additional space is needed, please provide the [Exhibit 18] information requested below in an Exhibit.

Nondirectional Directional

Theoretical RMS: 309.395 mV/m per kW at 1 km (Nondirectional)

mV/m at 1 km (Directional)

Standard RMS:

mV/m at 1 km (Directional Only)

[Nondirectional Tower Subform]

7c. Nondirectional Tower:

Tower Number	4
Overall height above ground (include obstruction lighting) (meters)	85
Antenna structure registration	Number: 1015283 <input type="checkbox"/> Notification filed with FAA <input type="checkbox"/> Not Applicable
Is this tower:	<input type="radio"/> (a) Top-loaded <input type="radio"/> (b) Sectionalized <input checked="" type="radio"/> (c) Neither
Height of radiator above base insulator, or above base, if grounded (meters)	85
Electrical height of radiator (degrees)	90
Top-Loaded/Sectionalized apparent height (degrees)	
A	
B	
C	
D	

or

[Directional Towers Subform]

7.6. **Critical Hours Operation:** Yes No
[Critical Hours Operation]

7.7. **Environmental Protection Act.** The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an **Exhibit is required.**

By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect

Yes No

See Explanation in [Exhibit 15]

	persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.	
8.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 16]
9.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I certify that I have prepared Engineering Data on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name KENT GUSTAFSON		Relationship to Applicant (e.g., Consulting Engineer) CONSULTANT	
Signature		Date (mm/dd/yyyy) 02/24/2022	
Mailing Address 50 TURNER AVE.			
City ELK GROVE VILLAGE		State or Country (if foreign address) IL	Zip Code 60007 -
Telephone Number (No dashes or parentheses, include area code) 8477071591		E-Mail Address (if available) MEDIAGUY@KENTGUSTAFSON.COM	

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing WALTER KOTABA		Typed or Printed Title of Person Signing PRESIDENT	
Signature		Date (mm/dd/yyyy) 02/24/2022	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR 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).

Exhibits

Exhibit 16

Description: REASON FOR STA

POLNET PREVIOUSLY REPORTED THAT THE LANDOWNER REFUSED TO ALLOW THE STATION TO USE THE PROPERTY DUE TO A MISUNDERSTANDING. RECENTLY, THE LANDOWNER APPROVED TEMPORARY OPERATION OF THE STATION UNTIL A PERMANENT FACILITY COULD BE CONSTRUCTED ACCORDINGLY, POLNET RESPECTFULLY REQUESTS AN STA TO RESTORE SERVICE FOR THE RESIDENTS OF NEW CITY, NY.

Attachment 16