

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

Section I - General Information

1. Legal Name of the Applicant William Robert Scharnhorst and Kim Paris Scharnhorst		
Mailing Address 719 Oakmont Ave.		
City Steubenville	State or Country (if foreign address) OH	Zip Code 43952
Telephone Number (include area code) 740-278-6966		E-Mail Address (if available)
FCC Registration No 0028052363	Call Sign WIXZ	Facility ID Number 73769
2. Contact Representative (if other than licensee/permittee) DAN J. ALPERT		Firm or Company Name THE LAW OFFICE OF DAN J. ALPERT
Mailing Address 2120 N. 21ST RD.		
City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22201 -
Telephone Number (include area code) 7032438690		E-Mail Address (if available) DJA@COMMLAW.TV
3. Purpose: <input checked="" type="radio"/> Engineering STA <input type="radio"/> Extension of Existing Engineering STA <input type="checkbox"/> Legal STA <input type="checkbox"/> Extension of Existing Legal STA		
4. Service: AM		
5. Community of License: City: OH State: Steubenville		
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="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial Educational Licensee/Permittee <input type="checkbox"/> Other <input checked="" type="checkbox"/> 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 - Licensed Antenna system with: <input checked="" type="checkbox"/> Reduced power <input type="checkbox"/> Reduced hours of operation <input type="checkbox"/> Required equipment out of service <input type="checkbox"/> Other variance [Exhibit 13]

<input type="checkbox"/> Antenna system authorized by Construction Permit: Describe requested modes of operation [Exhibit 14]	
<input type="checkbox"/> Emergency wire antenna. Provide a full description in the Exhibit to Question 8. Do not complete the directional or nondirectional tower subforms.	
<input type="checkbox"/> Other antenna system: (Complete Items 7.1 - 7.7)	
7.1. Frequency: kHz	
7.2. Class (select one): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
7.3. Hours of Operation: <input type="checkbox"/> Unlimited <input type="checkbox"/> Limited <input type="checkbox"/> Daytime <input type="checkbox"/> Share Time <input type="checkbox"/> Specified Hours:	
7.4. Daytime: <input type="checkbox"/> Yes <input type="checkbox"/> No [Daytime Operation]	
7.5. Nighttime: <input type="checkbox"/> Yes <input type="checkbox"/> No [Nighttime Operation]	
7.6. Critical Hours Operation: <input checked="" type="radio"/> Yes <input type="radio"/> 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 persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.	<input checked="" type="radio"/> Yes <input type="checkbox"/> No See Explanation in [Exhibit 15]
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="checkbox"/> 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 <u>William Robert Scharnhorst</u>		Relationship to Applicant (e.g., Consulting Engineer) <u>owner</u>	
Signature <u>/William Robert Scharnhorst</u>		Date (mm/dd/yyyy) <u>4/8/2022</u>	
Mailing Address <u>719 Oakmont Ave.</u>			
City <u>Steubenville</u>	State or Country (if foreign address) <u>OH</u>		Zip Code <u>43952</u>
Telephone Number (No dashes or parentheses, include area code) <u>740-278-6966</u>		E-Mail Address (if available)	

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 William Robert Scharnhorst	Typed or Printed Title of Person Signing William Robert Scharnhorst
Signature /William Robert Scharnhorst/	Date (mm/dd/yyyy) 4/8/2022

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: JUSTIFICATION

Due to damage from lightning, the station is operating 250 watts non-directional during the day and 10 watts at night non-directionally. Coax needs to be replaced to Tower 2.

Attachment 16
