

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 97.5 Licensee TX, LLC		
	Mailing Address 2100 Trawood Drive		
	City El Paso	State or Country (if foreign address) TX	Zip Code 79935
	Telephone Number (include area code) 9155422969		E-Mail Address (if available)
	FCC Registration No 0026209908	Call Sign KQBU	Facility ID Number 67065
2.	Contact Representative (if other than licensee/permittee) FRANCISCO R. MONTERO		Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC
	Mailing Address 1300 NORTH 17TH STREET SUITE 1100		
	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209
	Telephone Number (include area code) 7038120480		E-Mail Address (if available) MONTERO@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: EL PASO State: TX		
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
- ☒ Licensed Antenna system with:
 - ☒ Reduced power
 - ☐ Reduced hours of operation

<input type="radio"/> Required equipment out of service <input type="radio"/> Other variance [Exhibit]							
<input type="radio"/> Antenna system authorized by Construction Permit: - Describe requested modes of operation [Exhibit]							
<input type="radio"/> Emergency wire antenna. Provide a full description in the Exhibit to Question 8. Do not complete the directional or nondirectional tower subforms.							
<input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.7)							
7.1. Frequency:							
7.2. Class (select one): A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>							
7.3. Hours of Operation: <input type="radio"/> Unlimited <input type="radio"/> Limited <input type="radio"/> Daytime <input type="radio"/> Share Time <input type="radio"/> Specified Hours:							
7.4. Daytime: <input type="radio"/> Yes <input type="radio"/> No [Daytime Operation]							
7.4. Daytime Operation							
a. Power:							
b. Antenna Location Coordinates: Latitude: Degrees Minutes Seconds <input type="radio"/> North <input type="radio"/> South Longitude: Degrees Minutes Seconds <input type="radio"/> West <input type="radio"/> East							
c. and d.							
Complete the appropriate following items. If additional space is needed, please provide the [Exhibit] information requested below in an Exhibit.							
<input type="radio"/> Nondirectional <input type="radio"/> Directional							
Theoretical RMS:	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:							
<table border="1"><tr><td>Tower Number</td><td></td></tr><tr><td>Overall height above ground (include obstruction lighting) (meters)</td><td></td></tr><tr><td>Antenna structure registration</td><td></td></tr></table>		Tower Number		Overall height above ground (include obstruction lighting) (meters)		Antenna structure registration	
Tower Number							
Overall height above ground (include obstruction lighting) (meters)							
Antenna structure registration							

	Number: <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 type="radio"/> (c) Neither
Height of radiator above base insulator, or above base, if grounded (meters)	
Electrical height of radiator (degrees)	
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:****b. Antenna Location Coordinates:**

Latitude:

Degrees Minutes Seconds ☐ North ☐ South

Longitude:

Degrees Minutes Seconds ☐ West ☐ East**c. and d.**

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

☐ Nondirectional ☐ Directional

Theoretical RMS:

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	
Overall height above ground (include obstruction lighting) (meters)	
Antenna structure registration	Number: <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 type="radio"/> (c) Neither
Height of radiator above base insulator, or above base, if grounded (meters)	
Electrical height of radiator (degrees)	
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]

	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 1]
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 Denise Johnson		Relationship to Applicant (e.g., Consulting Engineer) Vice President	
Signature		Date (mm/dd/yyyy) 05/18/2022	
Mailing Address · 2100 Trawood Dr			
City El Paso	State or Country (if foreign address) Texas		Zip Code 79935
Telephone Number (No dashes or parentheses, include area code) 9155422969		E-Mail Address (if available) denise@radiocentrotx.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 RAFAEL MARQUEZ AGUIRRE	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 05/18/2022

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 1

Description: REASON FOR STA

STATION KQBU IS PERFORMING TOWER RECONSTRUCTION. 97.5 LICENSEE TX, LLC RESPECTFULLY REQUESTS TEMPORARY AUTHORITY TO OPERATE THE STATION AT 150 WATTS, DAY AND NIGHT. KQBU PLANS TO RETURN TO LICENSED OPERATIONS IN SIX MONTHS.

Attachment