Federal Communications Commission Washington, D. C. 20554 Approved by OMB 3060-0627 Expires 01/31/98

FOR FCC USE ONLY

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filling out form.

FOR COMMISSION USE ONLY

FILE NO.

SECTION I - APPLICANT FEE INFORMATION			
1. PAYOR NAME (Last, First, Middle Initial)			
New Covenant Ministries, Inc.			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 3949 Atlantic Blvd.			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Jacksonville	STATE OR COUNTRY (if fore FL	eign address)	ZIP CODE 32207
TELEPHONE NUMBER (include area code) (904) 301-9570	CALL LETTERS WJNJ	OTHER FCC IDE 29736	ENTIFIER (If applicable)
2. A. Is a fee submitted with this application?			V Yes No
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section			
Governmental Entity Noncommercial educ	cational licensee Oth	er (Please explain	n):
C. If Yes, provide the following information:			
Enter in Column (A) the correct Fee Type Code for the service you	are applying for. Fee Type Coo	les may be found	in the "Mass Media Services
Fee Filing Guide." Column (B) lists the Fee Multiple applicable for the	is application. Enter fee amount	t due in Column (C	J).
(A) (B)	(C)		
	FEE DUE FOR FEE		-
FEE TYPE FEE MULTIPLE	TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY
M M R 0 0 1	\$ 645.00		
To be used only when you are requesting concurrent actions which re-	sult in a requirement to list more	than one Fee Ty	pe Code.
(A) (B)	(C)	[FOR FCC USE ONLY
	\$		
	TOTAL AMOUNT REMITTED WITH THIS		FOR FCC USE ONLY
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE.	APPLICATION		
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.	\$ 645.00		
NEWH TANCE.			

SECTION II - APPLICAN	IT INFORMATION					
1. NAME OF APPLICANT New Covenant Ministries	s, Inc.					
MAILING ADDRESS 3949 Atlantic Blvd.						
CITY Jacksonville		STATE FL		ZIP CODE 32207		
This application is for:	Commercial	Noncom	nmercial Non-Directional			
all letters	Community of License	Construction Permit File No		Expiration Date of Last		
WJNJ	Jacksonville, FL	BP-20210526AAC	Permit File No(s). BMP-20211105AAC	Construction Permit 8/31/2024		
. Is the station n ccordance with 47 C.F No, explain in an Exhi	Yes V No Exhibit No.					
Have all the term	s, conditions, and oblig n fully met?	ations set forth in the	e above described	Yes No Exhibit No.		
No, state exceptions i	n an Exhibit.					
ne grant of the under	ges already reported, ha lying construction permit d in the construction perr hibit.	which would result in	any statement or	Yes 🖌 No		
	led its Ownership Report ce with 47 C.F.R. Sectior		nership	V Yes No		
No, explain in an Exhi	bit.			Exhibit No.		
r administrative body v riminal proceeding, bro	ing been made or an adv with respect to the applica bught under the provision elated antitrust or unfai unit; or discrimination?	ant or parties to the app is of any law relating to	blication in a civil or the following: any	Yes 🖌 No		
volved, including an ic by dates and file num iformation has been equired by 47 U.S.C. S f that previous submis ne call letters of the st	attach as an Exhibit a fu dentification of the court of bers), and the disposition earlier disclosed in cor fection 1.65(c), the applic sion by reference to the tation regarding which the of filing; and (ii) the dispose	or administrative body a on of the litigation. We nection with another ant need only provide: file number in the case is application or Section	and the proceeding /here the requisite application or as (i) an identification e of an application, on 1.65 information	Exhibit No.		
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8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?



Exhibit No.

If Yes, provide particulars as an Exhibit.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

2. I 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.

Name Wiley Tomlison	Signature
Tite	Date Telephone Number
President	(904) 301-9570

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

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627). Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

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Yes No

Name of Appl New Cove	enant Ministries, Inc.						
PURPOSE O	F AUTHORIZATION APPLIED FOR Station License		easurement of Power				
1. Facilities a	uthorized in construction permit						
Call Sign WJNJ	File No. of Construction Permit (if applicable) BMP-20211105AAC	Frequency (kHz) 1320	Hours of Operation	Power Night .080	Day 16		
2. Station loc	ation	J			1		
State Florida			City or Town Jacksonville				
3. Transmitte	r location						
State FL	County Duval		City or Town Jacksonville	Street address (or other identification) 2600 Werd Radio Drive			
4. Main studio	olocation						
State FL	County Duval		City or Town Jacksonville	Street address (or other identification) 3949 Atlantic Boulevard			
5. Remote co	ntrol point location (specify only if au	uthorized direction	onal antenna)				
State	County		City or Town	Street address (or other identi			
	pproved stereo generating equipmer ampling system meet the requiremen				Yes 🖌 No Yes 🗌 No		
Attach as an	Exhibit a detailed description of the	sampling syster	π as installed.	E	Not Applicable		

RF common point or antenna current (in amperes) without modulation for night system 1.21			RF common point or antenna current (in amperes) without modulation for day system 17.1				
Measured antenna or componenting frequency		ohms) at	operating frequ		point reactance (in	n ohms) at	
Night	Day		Night		Day		
55.0	55.0		-j211.2		-j211.2	2	
Antenna indications for dire	ectional operation		-1				
Towers	Antenna	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day	
Manufacturer and type of a	ntenna monitor:						

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9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Lattice tower	125	128	129	Exhibit No. N/A
Excitation	Series	Shunt		

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 30	0	19	'	43	"	West Longitude 81	0	41	'	42	"
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

No changes	
	1

11. Give reasons for the change in antenna or common point resistance.

New antenna site

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type)	Signature (check appropriate box below)			
Charles A. Hecht	Charles A. Hecht			
Address (include ZIP Code)	Date			
Charles A. Hecht & Associates, Inc.	June 6, 2022			
19 Mackenzie Court	Telephone No. (Include Area Code) 732 577-0711			
Freehold, NJ 07728				

Technical Director

Chief Operator

Registered Professional Engineer

Technical Consultant

Exhibit No.

Exhibit No.

Other (specify)

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