

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

Section I - General Information

1. Legal Name of the Applicant SMILE FM		
Mailing Address 172 N Cedar St		
City Imlay City	State or Country (if foreign address) MI	Zip Code 48444 -
Telephone Number (include area code) 8108952040		E-Mail Address (if available)
FCC Registration No 0017040510	Call Sign WGVS	Facility ID Number 33695
2. Contact Representative (if other than licensee/permittee) Mailing Address City State or Country (if foreign address) Telephone Number (include area code)		Firm or Company Name ZIP Code E-Mail Address (if available)
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: MUSKEGON State: MI

6. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114):
Noncommercial Educational Licensee/Permittee

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
 - ☐ 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: 850 kHz

7.2. Class (select one):
B ☒

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: 0.25 kW

b. Antenna Location Coordinates: (NAD 27)

Latitude:

Degrees 43 Minutes 18 Seconds 29 ☒ North ☐ South

Longitude:

Degrees 86 Minutes 23 Seconds 04 ☒ 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: 150 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]

or

[Directional Towers Subform]

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

7.5. Nighttime Operation

a. Power: 0.25 kW

b. Antenna Location Coordinates: (NAD 27)

Latitude:

Degrees 43 Minutes 18 Seconds 29 ☒ North ☐ South

Longitude:

Degrees 86 Minutes 23 Seconds 04 ☒ West ☐ East

c. and d.	
Complete the appropriate following items. If additional space is needed, please provide the information requested below in an Exhibit. [Exhibit 18]	
<input checked="" type="radio"/> Nondirectional <input type="radio"/> Directional	
Theoretical RMS: 150	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]	
or	
[Directional Towers Subform]	
7.6. Critical Hours Operation: <input 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="radio"/> No See Explanation in [Exhibit 15]
8. Please explain in detail the "extraordinary circumstances" which warrant	[Exhibit 16]

	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.	
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 Edward Czelada		Relationship to Applicant (e.g., Consulting Engineer) PRESIDENT	
Signature		Date (mm/dd/yyyy) 08/23/2022	
Mailing Address 172 N Cedar St			
City Imlay City	State or Country (if foreign address) MI	Zip Code 48444 -	
Telephone Number (No dashes or parentheses, include area code) 8108952040		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 Edward Czelada		Typed or Printed Title of Person Signing PRESIDENT	
Signature		Date (mm/dd/yyyy) 08/23/2022	

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:** SEE ATTACHED NARRATIVE.**Attachment 16**

Description
Wire Antenna
