

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. - 20211021AAE

Section I - General Information

1. Legal Name of the Applicant FAMILY STATIONS, INC.			
Mailing Address 112 NORTH ELM STREET			
<table border="1"> <tr> <td>City SHENANDOAH</td> <td>State or Country (if foreign address) IA</td> <td>Zip Code 51601 -</td> </tr> </table>	City SHENANDOAH	State or Country (if foreign address) IA	Zip Code 51601 -
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<table border="1"> <tr> <td>Telephone Number (include area code) 7122465151</td> <td>E-Mail Address (if available) JBURKHISER@FAMILYRADIO.ORG</td> </tr> </table>	Telephone Number (include area code) 7122465151	E-Mail Address (if available) JBURKHISER@FAMILYRADIO.ORG	
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<table border="1"> <tr> <td>FCC Registration No 0001545607</td> <td>Call Sign WFME</td> <td>Facility ID Number 29024</td> </tr> </table>	FCC Registration No 0001545607	Call Sign WFME	Facility ID Number 29024
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<table border="1"> <tr> <td>2. Contact Representative (if other than licensee/permittee) MATTHEW H. MCCORMICK</td> <td>Firm or Company Name FLETCHER, HEALD AND HILDRETH, P.L.C.</td> </tr> </table>	2. Contact Representative (if other than licensee/permittee) MATTHEW H. MCCORMICK	Firm or Company Name FLETCHER, HEALD AND HILDRETH, P.L.C.	
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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) 7038120438</td> <td>E-Mail Address (if available) MCCORMICK@FHHLAW.COM</td> </tr> </table>	Telephone Number (include area code) 7038120438	E-Mail Address (if available) MCCORMICK@FHHLAW.COM	
Telephone Number (include area code) 7038120438	E-Mail Address (if available) MCCORMICK@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 YORK 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 checked="" type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input 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 type="radio"/> Licensed Antenna system with: <input type="radio"/> Reduced power <input type="radio"/> Reduced hours of operation <input type="radio"/> 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: 1560 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: 1 kW

b. Antenna Location Coordinates: (NAD 27)

Latitude:

Degrees 40 Minutes 47 Seconds 18 ☒ North ☐ South

Longitude:

Degrees 74 Minutes 15 Seconds 19 ☒ West ☐ East

c. and d.

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

☒ Nondirectional ☐ Directional

Theoretical RMS: 225

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	1
Overall height above ground (include obstruction lighting) (meters)	62
Antenna structure registration	Number: 1045804 <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)	62
Electrical height of radiator (degrees)	116.1
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: 1.0 kW

b. Antenna Location Coordinates: (NAD 27)

Latitude:
Degrees 40 Minutes 47 Seconds 18 ☒ North ☐ South

Longitude:
Degrees 74 Minutes 15 Seconds 19 ☒ West ☐ East

c. and d.

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

Theoretical RMS: 225 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	1
Overall height above ground (include obstruction lighting) (meters)	62
Antenna structure registration	Number: 1045804 <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)	62
Electrical height of radiator (degrees)	116.1
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 persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.

☒ Yes ☐ 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

☒ Yes ☐ No

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.

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 BENJAMIN F DAWSON III PE		Relationship to Applicant (e.g., Consulting Engineer) CONSULTING ENGINEER	
Signature		Date (mm/dd/yyyy) 10/21/2021	
Mailing Address 9500 GREENWOOD AVE N			
City SEATTLE	State or Country (if foreign address) WA		Zip Code 98103 -3012
Telephone Number (No dashes or parentheses, include area code) 2067839151	E-Mail Address (if available) DAWSON@HATDAW.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 THOMAS EVANS	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 10/21/2021

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 15

Description: WFME AM NEW YORK, NY ENGINEERING STA REQUEST - EXHIBIT 15

Attachment 15

Description
<u>WFME AM New York, NY Engineering STA Request_Eng EXH 10-21-2021</u>

Exhibit 16

Description: (blank)

SEE EXHIBIT 15

Attachment 16