Name of Applicant								
The V	oice of	Internation	onal Chris	tian Eva	ngelism,	Inc.		
PURPOSE OF A	UTHORIZATIO	N APPLIED FOR	(check one)					
	Station License		X Direct Meas	surement of Pow	er/er			
1. Facilities author	orized in constr	uction permit						
Call Sign	l .	nstruction Permit		Hours of Operation		Power in kilowatts		
KGBA	(if applicable) Does n	ot apply	(kHz) 1490	Unlimited		Night 1.0	Day 1.0	
2. Station location	on					**************************************		
State				City or Town				
Califor	rnia			Heber				
3. Transmitter lo	cation			4.,, . , ., 				
State County			City or Town		Street address (or other identification)			
Californi	a I	mperial		Heber		1251 Highway 86		
4. Main studio lo	1	-						
State	County			City or Town		Street address (or other identification)		
Californi	California Imperial			El Centro		605 W. State St.		
			uthorized direction		oes not			
State	County		City or Town		Street address (or other identification)			
6. Has type-approved stereo generating equipment been installed? 7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? X Not Applicable Attach as an Exhibit a detailed description of the sampling system as installed. Does not apply Exhibit No.								
	xilibil a detalled	description of the	sampling system	as installed. Do	oes not a	apply Exh		
8 Operating con		description of the	sampling system	as installed. Do	oes not a	apply Exh		
8. Operating con	nstants:					-PP-7	ibit No.	
	nstants: nt or antenna cu ght system	rrent (in amperes			oint or antenna	current (in ampere	ibit No.	
RF common poin modulation for nig	nstants: nt or antenna cu ght system	rrent (in amperes) without	RF common por modulation for	oint or antenna day system	current (in ampere	es) without	
RF common poin modulation for nigmodulation for	nstants: nt or antenna cu ght system na or common p	rrent (in amperes 4.38 point resistance (in) without	RF common pormodulation for Measured anter operating frequency	oint or antenna day system enna or common	current (in ampere	es) without	
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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.)

	I			Overall beight in motors	If antenna is either top		
		Overall heigh above ground		Overall height in meters above ground (include obstruction lighting)	loaded or sectionalized,		
niform insulator, or above base, if obstructi		obstruction lig			describe fully in an Exhibit.		
cross-section	grounded.				Exhibit No.		
guyed	50.3	50.3	3	51.2	Does not appl		
Excitation	X Series	Shunt					
Geographic coordinates tower location.	to nearest second. For direct	tional antenna	give coordina	tes of center of array. For s	ingle vertical radiator give		
North Latitude 32	° 44 '	31 "	West Longit	^{ude} 115 ° 33	. 08 "		
If not fully described aboantenna mounted on tow	ove, attach as an Exhibit fun ver and associated isolation of	ther details and	d dimensions ee Engir	including any other neering Report.	Exhibit No.		
Also, if necessary for a dimensions of ground sy	a complete description, atta	ch as an Exh	ibit a sketch	of the details and apply	Exhibit No.		
	ny, does the apparatus cons	tructed differ fr	om that descr	ibed in the application for co	nstruction permit or in the		
permit? Does no	t apply	A JOSEPH CONTROL CONTR	oonse valge vages, skelej van er skrivenber blee in de bestel van de bestel van de bestel van de bestel van de December in jale 144 40 ja bestel bestel van de bestel				
		, or what programming is now construction which will be a selected as	gygyk e minnt ynninnindegregerygelytet i'r lebb t 1994 i 1965 1986.	erine volume (Meri ammende de sammenhelsenskammen i sood de sammen begendlikkenskammen (als sammen var ammen	The most of the last and the la		
11. Give reasons for the	e change in antenna or comn	non point resist	tance.				
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I certify that I represent information and that it is	t the applicant in the capacit true to the best of my knowl	ty indicated be edge and belie	low and that I f.	have examined the forego	ng statement of technical		
Name (Please Print or Type)			Signature (check appropriate box below)				
Fred W. Vol	ken		Free	W. Volken			
Address (include ZIP Co	ode)		Date				
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X Other (specify)	Engineering Con	sultant					