

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

**Section I - General Information**

1. Legal Name of the Applicant Radio License Holding CBC, LLC		
Mailing Address 780 Johnson Ferry Road Suite 500		
City Atlanta	State or Country (if foreign address) GA	Zip Code 30342 -
Telephone Number (include area code) 4049490700		E-Mail Address (if available)
FCC Registration No 0002834810	Call Sign KMAJ	Facility ID Number 42014
2. Contact Representative (if other than licensee/permittee) Mark N. Lipp, Esq.		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) 7038120445		E-Mail Address (if available) lipp@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: Topeka State: KS		
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: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Reduced power</li> <li><input type="radio"/> Reduced hours of operation</li> <li><input type="radio"/> Required equipment out of service</li> <li><input type="radio"/> Other variance [Exhibit 13]</li> </ul> <input type="radio"/> Antenna system authorized by Construction Permit: - Describe requested modes of operation [Exhibit 14]  <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.	<b>Daytime:</b> <input type="radio"/> Yes <input type="radio"/> No [Daytime Operation]	
7.5.	<b>Nighttime:</b> <input type="radio"/> Yes <input type="radio"/> No [Nighttime Operation]	
7.6.	<b>Critical Hours Operation:</b> <input type="radio"/> Yes <input type="radio"/> No [Critical Hours Operation]	
7.7.	<b>Environmental Protection Act.</b> 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 <b>Exhibit is required.</b>  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 type="radio"/> Yes <input type="radio"/> 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 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 Robert Combs		Relationship to Applicant (e.g., Consulting Engineer) Director of Engineering	
Signature		Date (mm/dd/yyyy) 7/5/2023	
Mailing Address 780 Johnson Ferry Road Suite 500			
City Atlanta	State or Country (if foreign address) GA	Zip Code 30342 -	
Telephone Number (No dashes or parentheses, include area code) 2817554366	E-Mail Address (if available) robert.combs@cumulus.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 Richard Denning	Typed or Printed Title of Person Signing Executive Vice President and General Counsel
Signature	Date (mm/dd/yyyy) 7/5/2023

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).

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**Exhibits**

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**Exhibit 16**

**Description:** EXTRAORDINARY CIRCUMSTANCES WHICH WARRANT TEMPORARY OPERATIONS

Please see the narrative statement attached to this request for Special Temporary Authorization.

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**Attachment 16**

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