

FOR  
FCC  
USE  
ONLY

**FCC 338  
AM STATION  
MODULATION DEPENDENT CARRIER LEVEL (MDCL)  
NOTIFICATION**

FOR COMMISSION USE ONLY  
FILE NO.

**SECTION I - GENERAL INFORMATION**

1. Legal Name of the Applicant CITICASTERS LICENSES, INC.

Mailing Address 2625 S MEMORIAL DRIVE, SUITE A

City TULSA State or Country (if foreign address) OK ZIP Code 74129

Telephone Number (include area code) 918-664-4581 E-Mail Address FCCCONTACT@IHEARTMEDIA.COM

FCC Registration Number 0018273367 Call Sign KJR Facility ID Number 48386

2. Contact Representative (if other than licensee/permittee) \_\_\_\_\_ Firm or Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State or Country (if foreign address) \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

3. Community of License: City: SEATTLE State: WA

4. Date MDCL Control Operation commenced: 03/22/2016 (mm/dd/yyyy)

5. In the event of interference, questions should be directed to licensee's technical representative:

Name MARTY HADFIELD Telephone Number (include area code, omit dashes) 2064061914

6. Technical Data:

Transmitter Manufacturer: HARRIS

Transmitter Model: DX-50

MDCL Control Technology Used: ACC  AMC  DAM

DCC  Other (Specify): \_\_\_\_\_

7. Anti-Drug Abuse Act Certification. Licensee certifies that neither licensee 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.  Yes  No

8. Licensee certifies that its MDCL operation will not cause human exposure to radio frequency radiation in excess of the limits for maximum permissible exposure specified in Section 1.1310 of the Commission's rules, and it is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) of the Commission's rules.

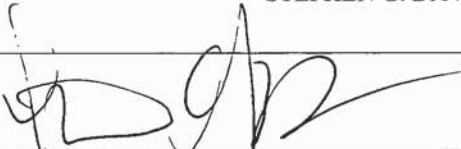
Yes  No

If No, licensee must submit an environmental assessment (EA) and may not commence MDCL operation until the EA is acted upon by the Commission.

Exhibit No.

**CERTIFICATION**

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	STEPHEN G. DAVIS	Typed or Printed Title of Person Signing	SVP, RE, FACILITIES & CORPORATE DEVELOPMENT
Signature		Date	3-23-2014

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