

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 <u>CAPSTAR TX, LLC</u>		
Mailing Address <u>2625 S MEMORIAL DRIVE, SUITE A</u>		
City <u>TULSA</u>	State or Country (if foreign address) <u>OK</u>	ZIP Code <u>74129</u>
Telephone Number (include area code) <u>918-664-4581</u>		E-Mail Address <u>fcccontact@iheartmedia.com</u>
FCC Registration Number <u>0019362953</u>	Call Sign <u>WISN</u>	Facility ID Number <u>65695</u>

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: MILWAUKEE State: WI

4. Date MDCL Control Operation commenced: 04/20/2016 (mm/dd/yyyy)

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

Name <u>STEVE GEORGE</u>	Telephone Number (include area code, omit dashes) <u>4142088396</u>
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6. Technical Data:

Transmitter Manufacturer: HARRIS

Transmitter Model: 3DX

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.

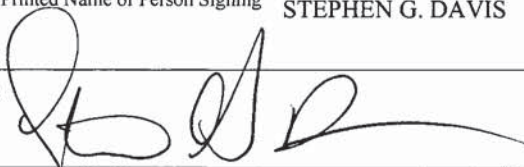
Yes No

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	

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