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FILE NO.	

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

SECTION I - GENERAL INFORMATION

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

Mailing Address 2625 S MEMORIAL DRIVE, SUITE A

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>0018273367</u>	Call Sign <u>WHNZ</u>	Facility ID Number <u>23077</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: TAMPA State: FL

4. Date MDCL Control Operation commenced: 05/18/2016 (mm/dd/yyyy)

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

Name <u>JOHN MCMARTIN</u>	Telephone Number (include area code, omit dashes) <u>8136298231</u>
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6. Technical Data:

Transmitter Manufacturer: HARRIS

Transmitter Model: DX25U

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.

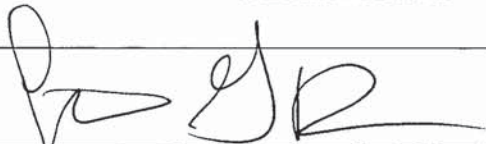
Yes No

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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