Federal Communications Commission Washington, D. C. 20554

Approved by OMB 3060-0627 Expires 01/31/98

FOR	*				
FOR FCC USE ONLY					
ONLI					

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filling out form.

FOR COMM	IISSION USE	ONLY			
FILE NO.	DZ-0	01703	28	ABL	

SECTION I - APPLICANT FEE INFORMATION							
PAYOR NAME (Last, First, Middle Initial)							
CBS Corporation							
MAILING ADDRESS (Line 1) (Maximum 35 characters) 1725 DeSales Street, NW		,					
MAILING ADDRESS (Line 2) (Maximum 35 characters) Suite 501							
CITY Washington	STATE OR COUNTRY (if for DC	eign address)	ZIP CODE 20036-4426				
TELEPHONE NUMBER (include area code) 202-457-4505	CALL LETTERS WSCR(AM)	OTHER FCC IDE Facility ID 25445	ENTIFIER (If applicable)				
2. A. Is a fee submitted with this application?			✓ Yes No				
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section							
Governmental Entity Noncommercial educ	cational licensee Oth	her (Please explair	1):				
C. If Yes, provide the following information:							
Enter in Column (A) the correct Fee Type Code for the service you a Fee Filing Guide." Column (B) lists the Fee Multiple applicable for thi	are applying for. Fee Type Coo is application. Enter fee amoun	des may be found t due in Column (C	in the "Mass Media Services ">).				
(A) (B)	(C)						
FEE TYPE FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY				
M M R 0 0 1	\$ 700.00	, , ,					
To be used only when you are requesting concurrent actions which res	sult in a requirement to list more	than one Fee Typ	pe Code.				
(A) (B) (C)							
0 0 0 1	\$		FOR FCC USE ONLY				
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE.	TOTAL AMOUNT REMITTED WITH THIS APPLICATION	S	FOR FCC USE ONLY				
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED \$ REMITTANCE.							

SECTION II - APPLICAN	IT INFORMATION					
NAME OF APPLICANT CBS Radio East Inc.						
MAILING ADDRESS 1725 DeSales Street NW, S	Suite 501					
CITY Washington			STATE DC		ZIP CODE 20036-4426	
2. This application is for:	Commercial AM Direct	[ctional	☐ Noncomm	nercial lon-Directional		,
Call letters	Community of License		ion Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of La Construction Permit	
WSCR(AM)	Chicago, IL	N/A	\ \	N/A	N/A	
3. Is the station no accordance with 47 C.F.	ow operating pursuant .R. Section 73.1620?	to autor	matic program	test authority in	Yes V	No
If No, explain in an Exhi	bit.				Exhibit 1	
4. Have all the terms construction permit beer	s, conditions, and oblig n fully met?	ations se	et forth in the	above described	Yes	No
If No, state exceptions in	n an Exhibit.				Exhibit No. N/A	
the grant of the underly	ges already reported, ha ying construction permit d in the construction perr	which w	ould result in a	any statement or	Yes	No
If Yes, explain in an Ext					Exhibit No. N/A	
	ed its Ownership Report ce with 47 C.F.R. Sectior			ership	✓ Yes	No
					Does not ap	ply
If No, explain in an Exhib	bit.				Exhibit No.	
or administrative body w criminal proceeding, bro	ing been made or an advith respect to the application ught under the provisional antitrust or unfainit; or discrimination?	ant or part s of any l	ties to the applic aw relating to th	cation in a civil or ne following: any	Yes ✓	No
involved, including an ide (by dates and file numb information has been of required by 47 U.S.C. So of that previous submiss the call letters of the sta	ttach as an Exhibit a fuentification of the court opers), and the disposition earlier disclosed in connection 1.65(c), the application by reference to the fation regarding which the filling; and (ii) the dispositions	or adminis n of the nection ant need file numb e applica	strative body and litigation. Who with another a only provide: (i) er in the case of tion or Section	d the proceeding ere the requisite pplication or as an identification of an application, 1.65 information	Exhibit No.	

8. Does the applicant, or any party to the application, have the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the with the AM facility proposed to be modified herein?	either in the existing hand or
If Yes, provide particulars as an Exhibit.	Exhibit No.
The APPLICANT hereby waives any claim to the use of any against the regulatory power of the United States becaus requests and authorization in accordance with this application amended).	Se use of the same whether by license or otherwise
The APPLICANT acknowledges that all the statements ma material representations and that all the exhibits are a materi	ide in this application and attached exhibits are considered ial part hereof and are incorporated herein as set out in full in
CERTIFI	CATION
1. By checking Yes, the applicant certifies, that, in the case or she is not subject to a denial of federal benefits that incli to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U. case of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a de includes FCC benefits pursuant to that section. For the depurposes, see 47 C.F.R. Section 1.2002(b).	udes FCC benefits pursuant S.C. Section 862, or, in the ship or other unincorporated
2. I certify that the statements in this application are true, co and are made in good faith.	mplete, and correct to the best of my knowledge and belief,
Name	Signature /
Jo Ann Haller	Jo hu Laller
Senior Vice President	Date 3/15/2017 Telephone Number 212-649-9655
WILLFUL FALSE STATEMENTS ON THIS FORM ARI	E PUNISHABLE BY FINE AND/OR IMPRISONMENT

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

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Name of Applica	nt	PLICATION ENGI	NEERING DATA				,		
CBS RADIO EAST INC. PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)									
	Station License	Э	✓ Direct Mea	asurement of Po	wer				
Facilities authorized in construction permit									
Call Sign	File No. of Construction Permit Frequency Hours of Operation Power in kilowatts Power								
WSCR	VSCR (II applicable) (KHZ) (RHZ) (Night 50.0 Day 50.0								
2. Station location									
State				City or Town					
Illinois		,		Chicago					
3. Transmitter lo	cation			_					
State	County			City or Town		Street address (or other identification)	ation)		
IL	DuPage			Glendale	Heights	375 East Army 1			
4. Main studio lo	cation								
State	County			City or Town		Street address	-4: \		
IL	Cook			Chicago		(or other identification 180 N. Stetson Av.			
5. Remote contro	ol point locatio	n (specify only if au	thorized direction	al antenna)					
State	County			City or Town		Street address			
* * * * * * * * * * * * * * * * * * *						(or other identification	ation)		
7. Does the samp	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? Yes No Not Applicable Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No.								
8. Operating cons									
RF common point modulation for nig 23.77	or antenna cu ht system	urrent (in amperes)	without	RF common pormodulation for 23.77		current (in amperes	s) without		
Measured antenna or common point resistance (in ohms) at operating frequency Night Day 88.5 B8.5 Day -231.3 Measured antenna or common point reactance (in ohms) at operating frequency Night Day -231.3									
Antenna indication	s for direction	al operation			* w * *				
Antenna monitor Antenna monitor sample Towers Phase reading(s) in degrees current ratio(s) Antenna base currents									
Night Day Night Day Night Day					Day				
							-		
		×							
Manufacturer and	type of antenr	na monitor:		-			,		

SECTION III - Page 2

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.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall heigh above ground obstruction lig	d (without	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.			
Guyed Tower				228.0	Exhibit No. N/A			
Excitation	✓ Series	Shunt						
Geographic coordinates tower location.	to nearest second. For direct	ional antenna	give coordinate	es of center of array. For s	single vertical radiator give			
North Latitude 41	° 56 ' 03	3 ."	West Longitud	de 88 ° 0 04	' 22 - "			
	ove, attach as an Exhibit furth er and associated isolation ci		dimensions in	cluding any other	Exhibit No. ENG.			
Also, if necessary for a dimensions of ground sys	complete description, attac stem.	h as an Exhi	bit a sketch o	f the details and	Exhibit No. ENG.			
10. In what respect, if ar permit?	ny, does the apparatus constr	ucted differ fro	m that describ	ed in the application for co	nstruction permit or in the			
11. Give reasons for the New Cons	change in antenna or commo	n point resista	nce.					
New Cons	Struction							
I certify that I represent information and that it is t	the applicant in the capacity true to the best of my knowled	indicated belo	w and that I h	ave examined the foregoin	ng statement of technical			
Name (Please Print or Ty	rpe)	S	signature (chec	appropriate box below)				
Address (include ZIP Coo			Pate March 13	, 2017				
550 California Rd Quakertown, PA	550 California Rd., Unit 11 Quakertown, PA 18951 Telephone No. (Include Area Code) 215-536-6648							
Quakertown, FA	10931		210-000-					
Technical Director			Registered	Professional Engineer				
Chief Operator		√	Technical (Consultant				
Other (specify)								

FCC 302-AM (Page 5) August 1995

Exhibit 1 WSCR(AM) 670 kHz Chicago, IL Facility ID 25445

CBS Radio East Inc., licensee of Radio Stations WSCR and WBBM Chicago, IL, has completed construction of the WBBM auxiliary antenna pursuant to Construction Permit BXP-20131104ARE. A separate application has been provided seeking a license "to cover" that construction.

This application provides WSCR antenna impedance measurement results and seeks to notify the FCC that WSCR has returned to direct measurement of power based on the newly measured antenna parameters provided herein.