

#549677

ORIGINAL  
ACCEPTED/FILED

AUG 14 2017

Federal Communications Commission  
Washington, D. C. 20554

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

FOR  
FCC  
USE  
ONLY

Federal Communications Commission  
Office of the Secretary

FCC 302-AM  
APPLICATION FOR AM  
BROADCAST STATION LICENSE  
(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY  
FILE NO. *Bmk-20170814 ABM*

SECTION I - APPLICANT FEE INFORMATION												
1. PAYOR NAME (Last, First, Middle Initial) Board of Trustees, Michigan State University												
MAILING ADDRESS (Line 1) (Maximum 35 characters) 404 Wilson Road												
MAILING ADDRESS (Line 2) (Maximum 35 characters) Room 212												
CITY East Lansing	STATE OR COUNTRY (if foreign address) MI		ZIP CODE 48824									
TELEPHONE NUMBER (include area code) 5174329527	CALL LETTERS WKAR(AM)	OTHER FCC IDENTIFIER (If applicable) 41684										
2. A. Is a fee submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input checked="" type="checkbox"/> Other (Please explain): <i>BZ-19890124AC</i>												
C. If Yes, provide the following information: <b>Coordinate Correction Only--No Fee Required</b>												
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).												
(A) FEE TYPE CODE <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				(B) FEE MULTIPLE <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>1</td></tr></table>	0	0	0	1	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$ <table border="1"><tr><td> </td></tr></table>		FOR FCC USE ONLY <table border="1"><tr><td> </td></tr></table>	
0	0	0	1									
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.												
(A) <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				(B) <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>1</td></tr></table>	0	0	0	1	(C) \$ <table border="1"><tr><td> </td></tr></table>		FOR FCC USE ONLY <table border="1"><tr><td> </td></tr></table>	
0	0	0	1									
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION \$ <table border="1"><tr><td> </td></tr></table>		FOR FCC USE ONLY <table border="1"><tr><td> </td></tr></table>								

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*20120524A-AE*

<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT Board of Trustees, Michigan State University		
MAILING ADDRESS 404 Wilson Road, Room 212		
CITY East Lansing	STATE MI	ZIP CODE 48824

2. This application is for:

- ☐ Commercial
 ☒ Noncommercial  
☐ AM Directional
 ☐ AM Non-Directional

Call letters WKAR(AM)	Community of License East Lansing, MI	Construction Permit File No. --	Modification of Construction Permit File No(s). --	Expiration Date of Last Construction Permit --
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☐ Yes ☐ No

Exhibit No.

If No, explain in an Exhibit.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☐ Yes ☐ No

Exhibit No.

If No, state exceptions in an Exhibit.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

☐ Yes ☐ No

Exhibit No.

If Yes, explain in an Exhibit.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

☐ Yes ☐ No

☐ Does not apply

Exhibit No.

If No, explain in an Exhibit.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☐ No

Exhibit No.

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.



8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

☐ Yes ☐ No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).


The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

#### CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I 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.

Name William R. Beekman	Signature 	
Title VICE PRESIDENT AND SECRETARY	Date 8/11/17	Telephone Number 5174329527

**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.

# SECTION III - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant

Board of Trustees, Michigan State University

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

1. Facilities authorized in construction permit					
Call Sign <b>WKAR</b>	File No. of Construction Permit (if applicable)	Frequency (kHz) 870	Hours of Operation Daytime	Power in kilowatts	
				Night n/a	Day 10 kW
2. Station location					
State <b>Michigan</b>			City or Town <b>East Lansing</b>		
3. Transmitter location					
State <b>MI</b>	County <b>Ingham</b>	City or Town <b>Lansing</b>	Street address (or other identification) 5033 Firest Rd BKDG 6000A		
4. Main studio location					
State <b>MI</b>	County <b>Ingham</b>	City or Town <b>East Lansing</b>	Street address (or other identification) 404 Wilson Rd, Room 212		
5. Remote control point location (specify only if authorized directional antenna)					
State	County	City or Town	Street address (or other identification)		

6. Has type-approved stereo generating equipment been installed?



Yes



No

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 constants:					
RF common point or antenna current (in amperes) without modulation for night system 14.51 amperes			RF common point or antenna current (in amperes) without modulation for day system 14.51 amperes		
Measured antenna or common point resistance (in ohms) at operating frequency Night n/a Day 50 ohms			Measured antenna or common point reactance (in ohms) at operating frequency Night n/a Day +j0 ohms		
Antenna indications for directional operation					
Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents
	Night	Day	Night	Day	Night Day
T1 - (S)		0.0		1.0	
T2 - (N)		-15		0.46	
Manufacturer and type of antenna monitor: Pototmac 1901-2					



# 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 T1 - Tapered Self Supported, T2 - Guyed Uniform Tower	Overall height in meters of radiator above base insulator, or above base, if grounded. Both Towers: 91.5 M	Overall height in meters above ground (without obstruction lighting) Both Towers 91.5	Overall height in meters above ground (include obstruction lighting) Both Towers 92.4	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div>Exhibit No.</div>
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Excitation ☒ Series ☒ Shunt ASRN(N1) - 1001090 - Shunt  
ASRN(N2) - 1001091 - Series

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 42 ° 42 ' 22 "	West Longitude 84 ° 28 ' 31 "
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.  
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Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

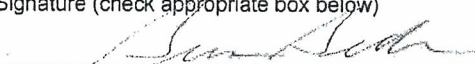
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

Form-302 is being filed to correct the station coordinates

11. Give reasons for the change in antenna or common point resistance.

No changes being made

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Bruce Bellamy	Signature (check appropriate box below) 
Address (include ZIP Code) Munn-Reese P.O. Box 220 Coldwater, MI 49036	Date 08/02/2017
	Telephone No. (Include Area Code) 517.278.7339

☐ Technical Director

☐ Registered Professional Engineer

☐ Chief Operator

☒ Technical Consultant

☐ Other (specify)