Federal Communications Commission Washington, D. C. 20554

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

FOR FCC USE ONLY	1			•			
		2018	APR	30	AM	9:	28

FOR COMMISSION USE ONLY

FCC 302-AM **APPLICATION FOR AM BROADCAST STATION LICENSE**

(Please read instructions before filling out form.	FILE NO. 82-2018	0430AAO					
SECTION I - APPLICANT FEE INFORMATION							
PAYOR NAME (Last, First, Middle Initial)							
Oconee River Broadcasting, LLC							
MAILING ADDRESS (Line 1) (Maximum 35 characters) 259 Tumer St							
MAILING ADDRESS (Line 2) (Maximum 35 characters)							
CITY Royston	STATE OR COUNTRY (if foreign address GA	ZIP CODE 30662					
TELEPHONE NUMBER (include area code) 7062460059	CALL LETTERS OTHER FO	C IDENTIFIER (If applicable)					
A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section		Yes 🗸 No					
Governmental Entity Noncommercial educ	cational licensee Other (Please	explain): Direct Massiment					
C. If Yes, provide the following information:							
Enter in Column (A) the correct Fee Type Code for the service you Fee Filing Guide." Column (B) lists the Fee Multiple applicable for th	are applying for. Fee Type Codes may be is application. Enter fee amount due in Colu	found in the "Mass Media Services arm (C).					
(A) (B)	(C) FEE DUE FOR FEE						
FEE TYPE FEE MULTIPLE	TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY					
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) (B)	(C)						
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	FOR FCC USE ONLY					
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED \$							

0013/58274

	SECTION II - APPLICANT INFORMATION						
	NAME OF APPLICANT Oconee River Broadcastic					, , , , , , , , , , , , , , , , , , ,	***************************************
	MAILING ADDRESS 259 Turner St						
	CITY Royston			STATE GA		ZIP CODE 30662	
	2. This application is for:	Commercial AM Direction	[nal	Noncomm	nercial on-Directional		
	Call letters WYZI	Community of License Col Royston, GA	nstruct	on Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of L Construction Permit	
	Is the station no accordance with 47 C.F. If No, explain in an Exhil		autor	natic program	test authority in	Yes Exhibit No.	No
4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?							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? [Exhibit No.]						No	
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)?							
If No, explain in an Exhibit.						Exhibit No.	
	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?						
	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?							
If Yes, provide particulars as an Exhibit.	Exhibit No.						
		1					
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							
CERTIFIC	CATION						
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).							
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	Signature						
Kris R. Kendrick	MAMA						
Title Chief Operator	Date 4/26/2018	Telephone Number					
one. Operator	4/20/2010	7062460059					
WILLFUL FALSE STATEMENTS ON THIS FORM AR	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 white 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 Applicant									
Oconee River Broadcasting, LLC									
PURPOSE OF A	UTHORIZATION	ON APPLIED FOR	: (check one)		, , , , , , , , , , , , , , , , , , , ,				
Station License Direct Measurement of Power									
	Facilities authorized in construction permit								
-	Call Sign File No. of Construction Permit Frequency Hours of Operation Power in kilowatts (if applicable) (kHz)						1		
WYZ (if applicable) (kHz) 810 Daytime Night Day 230									
2. Station location	n								
State				City or Town					
Georgia				Royston					
3. Transmitter lo	cation								
State	County			City or Town		Street address (or other identific	antiam)		
GA	Franklin	l		Royston		259 Turner St			
4. Main studio lo	cation								
State	County City or Town Street address (or other identification)				ation)				
5. Remote contro	ol point locatio	n (specify only if a	thorized direction	nal antenna)					
			Street address (or other identific	Street address (or other identification)					
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 con-		urrent (in amperes)	without	RF common o	nint or antonna	current (in amount			
RF common point or antenna current (in amperes) without modulation for night system RF common point or antenna current (in amperes) without modulation for day system 3.14									
Measured antenna or common point resistance (in ohms) at operating frequency Night Day 23.408 Measured antenna or common point reactance (in ohms) at operating frequency Night Day -52.251									
Antenna Indications for directional operation Antenna monitor Antenna monitor sample									
Towers Phase reading(s) in degrees				current ratio(s)		Antenna base currents			
Night Day			Day	Night	Day	Night	Day		
Manufacturer and type of anterina 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 or radiator above base insulator, or above base, i grounded. Uniform Cross Section To Excitation Series		Overall height in meters above ground (without obstruction lighting) 71 Shunt		erall height in meters we ground (include truction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. Exhibit No.			
Geographic coordinates tower location.	to nearest second. For direct	ional antenna giv	e coordinates of	center of array. For si	ngle vertical radiator give			
North Latitude 34	° 16 ' 50) " W	est Longitude 8	3 ° 07	9 "			
If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits. Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and Exhibit No.								
dimensions of ground system. 10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit? The addition of a single bay FM antenna and transmission line.								
11. Give reasons for the change in antenna or common point resistance. The addition of a single bay FM antenna and transmission line.								
I certify that I represent information and that it is	the applicant in the capacity true to the best of my knowled	indicated below dge and belief.	and that I have	examined the foregoin	g statement of technical			
Name (Please Print or Type) Kris R. Kendrick Signature (check appropriate box-below)								
Address (include ZIP Code) 259 Turner St Royston, GA 30662 Telephone No. (Include Area Code) 7062460059								
Technical Director			Registered Pro	fessional Engineer				
✔ Chief Operator			Technical Cons	sultant				
Other (specify)					•			

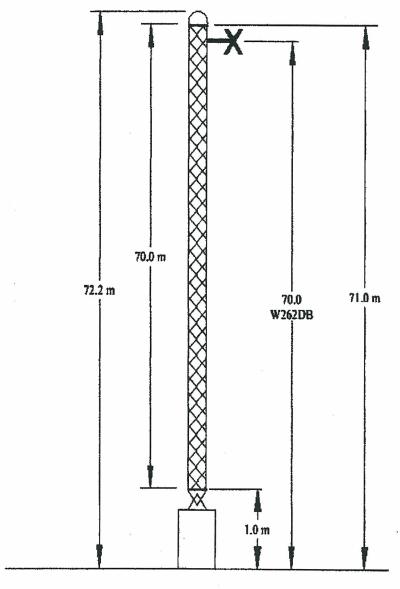
FCC 302-AM (Page 5) August 1995 \mathbf{D}^2

D Squared Broadcast Technologies, Inc. P.O. Box 48 Madison, GA 30650



Tower Sketch

WYZI-AM
Royston, GA
April 3, 2018



Voice: 706-342-4474 Fax: 706-752-1879 Email: dldavis@dsquaredbroadcast.com Page 13