

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 Multicultural Radio Broadcasting Licensee, LLC		
Mailing Address 40 Exchange Pl., 11th Fl.		
City New York	State or Country (if foreign address) <div style="text-align: right;">NY</div>	ZIP Code <div style="text-align: right;">10005</div>
Telephone Number (include area code) (212) 431-4300		E-Mail Address seank@mrbi.net
FCC Registration Number 0010-2158-12	Call Sign KBLA-AM	Facility ID Number 34385

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: Santa Monica State: CA

4. **Date MDCL Control Operation commenced:** 05/22/18 (mm/dd/yyyy)

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

Name Michael Gilbert	Telephone Number (include area code, omit dashes) (360) 739-1366
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6. Technical Data:

Transmitter Manufacturer: Harris

Transmitter Model: 3DX50

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.

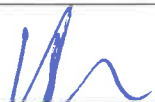
☒ Yes ☐ No

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 H. Jane Chon	Typed or Printed Title of Person Signing Counsel
Signature 	Date 05/31/18

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