Hardy, Carey, Chautin & Balkin, LLP

Accepted / Filed

APR 3 0 2019

Federal Communications Commission

Office of the Secretary

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1080 West Causeway Approach Mandeville, Louisiana 70471 Telephone 985.629.0777 Facsimile 985.629.0778 www.hardycarey.com

> Joseph C. Chautin Direct Dial 985.629.0752 jchautin@hardycarey.com

> > 2833.008

April 30, 2019

Via Hand Delivery

Federal Communications Commission Marlene Dortch, Secretary 445 12th Street Southwest Washington D.C. 20054

Re: KVNT

KVNT, Anchorage, Alaska

Facility Id. 53491

Form 302-AM – Direct Measurement

FRN: 0004267829

Dear Ms. Dortch:

Enclosed please find an original and two (2) copies of an application for direct measurement of power for the above-captioned station. An additional copy is provided for date-stamping. Please do not hesitate to contact the undersigned with any questions or requests for additional information.

Respectfully submitted,

Joseph C. Chautin, III

000 4267 829

Accepted / Filed

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

FOR FCC USE ONLY

APR 3 0 2019

Federal Communications Commission Office of the Secretary

Federal Communications Commission Washington, D. C. 20554 **FCC 302-AM** APPLICATION FOR AM **BROADCAST STATION LICENSE**

(Please read instructions before filling out form.

FOR	COMMISSION USE ONLY	
FILE	NO.BZ-20190430A	BI

SECTION I - APPLICA	ANT FEE INFORMATION			
1. PAYOR NAME (Last,	First, Middle Initial)			
Christian Broad	casting, Inc.			
MAILING ADDRESS (Lin PO Box 210389	e 1) (Maximum 35 characters)			
MAILING ADDRESS (Lin	e 2) (Maximum 35 characters)			
CITY Anchorage		STATE OR COUNTRY (if	foreign address)	ZIP CODE 99521
TELEPHONE NUMBER 907-333-5282	(include area code)	CALL LETTERS KVNT	OTHER FCC II	DENTIFIER (If applicable)
2. A. Is a fee submitted w	ith this application?			Yes ✓ No
B. If No, indicate reason	on for fee exemption (see 47 C.F.R. Section	n		. 1
		Luu		SE G I LOUI GIIBLICOLV GC
(A)	correct Fee Type Code for the service you in (B) lists the Fee Multiple applicable for the service (B)	are applying for. Fee Type on this application. Enter fee amount (C)	Codes may be foun bunt due in Column	osL d`rt qdl dmsneOnv dq d in the "Mass Media Services (C).
Enter in Column (A) the of Fee Filing Guide." Column	correct Fee Type Code for the service you in (B) lists the Fee Multiple applicable for the	are applying for. Fee Type on this application. Enter fee amount (C)	Codes may be foun ount due in Column	d in the "Mass Media Services
Enter in Column (A) the of Fee Filing Guide." Column (A) FEE TYPE CODE	correct Fee Type Code for the service you in (B) lists the Fee Multiple applicable for the service you in (B) (B) FEE MULTIPLE	(C) FEE DUE FOR FI TYPE CODE IN COLUMN (A)	Codes may be foun ount due in Column EE	d in the "Mass Media Services (C). FOR FCC USE ONLY
Enter in Column (A) the of Fee Filing Guide." Column (A) FEE TYPE CODE	correct Fee Type Code for the service you in (B) lists the Fee Multiple applicable for the service you (B) FEE MULTIPLE 0 0 0 1	(C) FEE DUE FOR FI TYPE CODE IN COLUMN (A)	Codes may be foun ount due in Column EE	d in the "Mass Media Services (C). FOR FCC USE ONLY

SECTION II - APPLICAI	NT INFORMATION				
NAME OF APPLICANT Christian Broadcasting, Inc.					
MAILING ADDRESS PO Box 210389					
CITY Anchorage			STATE AK		ZIP CODE 99521
2. This application is for	Commercial AM Direct	[ctional	Noncomn	nercial Ion-Directional	
Call letters KVNT	Community of License Anchorage, AK	Construct N/A	ion Permit File No.	Modification of Construction Permit File No(s). N/A	Expiration Date of Last Construction Permit N/A
3. Is the station r accordance with 47 C.F	Rdd RdbshnmHH, Chap				Yes No Exhibit No.
construction permit bee		ations se	et forth in the	above described	Yes No
the grant of the under	nges already reported, has lying construction permit d in the construction pern	which w	vould result in a	any statement or	Yes No Exhibit No.
Has the permittee ficertification in accordant	led its Ownership Report once with 47 C.F.R. Section	(FCC Foi 173.3615	rm 323) or owne 5(b)?	ership	Yes No Does not apply
lf No, explain in an Exhi	ibit.				Exhibit No.
or administrative body v criminal proceeding, bro	ling been made or an adv with respect to the applica bught under the provisions elated antitrust or unfair unit; or discrimination?	int or parts of any I	ties to the applic aw relating to the	cation in a civil or ne following: any	Yes √ No
involved, including an id (by dates and file num information has been required by 47 U.S.C. S of that previous submis the call letters of the st	attach as an Exhibit a fuldentification of the court of bers), and the disposition earlier disclosed in confection 1.65(c), the application by reference to the fation regarding which the of filing; and (ii) the dispos	r adminis n of the nection ant need file numb e applica	strative body and litigation. Wh with another a only provide: (i) er in the case of tion or Section	d the proceeding ere the requisite application or as an identification of an application, 1.65 information	Exhibit No.

8. Does the applicant, or any party to the application, have a the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing band	d 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 because requests and authorization in accordance with this application amended).	use of the same, whe	ther by license or otherwise, and
The APPLICANT acknowledges that all the statements material representations and that all the exhibits are a material		
CERTIFIC	CATION	
 By checking Yes, the applicant certifies, that, in the case or she is not subject to a denial of federal benefits that inclints of Section 5301 of the Anti-Drug Abuse Act of 1988, 21 Ucase of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a deincludes FCC benefits pursuant to that section. For the depurposes, see 47 C.F.R. Section 1.2002(b). I certify that the statements in this application are true, coand are made in good faith. 	udes FCC benefits pursu S.C. Section 862, or, in ship or other unincorpora nial of federal benefits t finition of a "party" for the	ant the ted hat ese
Name	Signature July Pre	w
Jerry Prevo	Egity 030	
President	Date 4/30/2019	Telephone Number 907-333-5282
WILLFUL FALSE STATEMENTS ON THIS FORM AR (U.S. CODE, TITLE 18, SECTION 1001), AND/OR CONSTR	REVOCATION OF ANY	

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	ant	ICATION ENGI	NEERING DAIA					
	BROADCASTII							
PURPOSE OF	AUTHORIZATIO	ON APPLIED FOR	: (check one)					
	Station License		X Direct Mea	surement of Po	wer			
1. Facilities aut								
Call Sign	File No. of Co	onstruction Permit	Frequency	Hours of Operation	Power in kilowatts			
KVNT	(II applicable)		(kHz) 1020	UNLIMITE		Night 10.0	Day 10.0	
2. Station locat	ion							
State				City or Town				
ALASKA				EAGLE RIV	ER			
3. Transmitter l	ocation							
State	County			City or Town		Street address	4:>	
AK	MATA	NUSKA-SUSITN				(or other identification) 12699 W. HAZEL AVE		
4. Main studio I	ocation					12033 W. II	1000 1110	
State	County			City or Town		Street address		
AK						(or other identification) 6401 E. NORTHERN LIGHTS		
5. Remote cont	rol point location	(specify only if au	Ithorized direction	nal antenna)		0101 2. 1101111	Bid Bidiib Bidi	
State	County			City or Town		Street address		
AK	ANCHORAGE ANCHORAGE					(or other identification) 6401 E. NORTHERN LIGHTS BLV		
Attach as an E	ixhibit a detailed	description of the	sampling system	as installed.			Not Applicable	
Operating con	netante:							
	nt or antenna cu ight system	rrent (in amperes)	without	RF common p modulation for	day system	current (in amper	es) without	
operating freque Night	ncy	point resistance (in Day	ohms) at	Measured anto operating frequency Night		n point reactance	(in ohms) at	
50.0 Oh		50.0 0	nms	±j0.0	Ohms	±j0.	0 Ohms	
Antenna indication	ons for direction			A - 4				
Towers		Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s) Antenna		a base currents		
		Night	Day	Night	Day	Night	Day	
					-			
Manufactura	d home of - it.							
Manufacturer and	u type of antenn	a 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 UNIFORM CROSS SECTIONAL AREA GUYED TOWER	CORM CROSS radiator above base above insulator, or above base, if obstru		ht in meters nd (without lighting)	Overall height in met above ground (include obstruction lighting)	de	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.		
			5.6 m	107.6		Exhibit No.		
Excitation	X Series	Shunt						
Geographic coordinates tower location.	to nearest second. For direct	tional antenna	a give coordina	tes of center of array. F	or single	e vertical radiator give		
North Latitude 61	29	07"	West Longit	ude 149	45	47		
	ove, attach as an Exhibit furtl ver and associated isolation c		d dimensions	including any other		Exhibit No.		
Also, if necessary for a dimensions of ground sy	a complete description, attac stem.	ch as an Ext	nibit a sketch	of the details and		Exhibit No.		
10. In what respect, if a permit?	ny, does the apparatus consti	ructed differ fi	om that descri	bed in the application fo	or constru	uction permit or in the		
11. Give reasons for the	change in antenna or commo	on point resist	ance.					
REMOVAL OF	DIRECTIONAL ANTENNA	SAMPLE I	LINE AND O	THER ASSOCIATED	PARTS			
CURRENT AND METER AND E	D IMPEDANCE MEASURED BRIDGE LOCATION	AT ANTEN	NA TUNING	UNIT INPUT - FO	RMER	COMMON POINT		
certify that I represent nformation and that it is	the applicant in the capacity true to the best of my knowled	indicated be	low and that I	have examined the fore	egoing s	tatement of technical		
Name (Please Print or Ty	ype)		Signature (che	eck appropriate box belo	w)			
STEPHEN S. LOC	KWOOD			MIGH				
Address (include ZIP Cod	de)		Date	/-				
HATFIELD & DAW 9500 GREENWOOD	SON CONSULTING ENGIN	EERS	25 APRIL 2019					
SEATTLE, WA 98			Telephone No. (Include Area Code)					
				20	783	9151		
Technical Director		[X Registere	ed Professional Enginee	r			
Chief Operator			Technical Consultant					
Other (specify)								

FCC 302-AM (Page 5) August 1995