

FOR FCC USE ONLY	
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**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 Relevant Radio, Inc.		
Mailing Address 1496 Bellevue Street, Suite 202		
City Green Bay	State or Country (if foreign address) WI	ZIP Code 54311
Telephone Number (include area code) 920-406-7355	E-Mail Address adisterhaft@relevantradio.com	
FCC Registration Number 0005032248	Call Sign WLOL	Facility ID Number 42963

2. Contact Representative (if other than licensee/permittee) Mark Denbo		Firm or Company Name Smithwick & Belendiuk, P.C.
Mailing Address 5028 Wisconsin Avenue, N.W., Suite 301		
City Washington	State or Country (if foreign address) DC	ZIP Code 20016
Telephone Number (include area code) 202-350-9656	E-Mail Address mdenbo@fccworld.com	

3. **Community of License:** City: Minneapolis State: MN

4. **Date MDCL Control Operation commenced:** 04/02/2020 (mm/dd/yyyy)

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

Name Aaron Cox	Telephone Number (include area code, omit dashes) 732-713-5180
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6. **Technical Data:**

Transmitter Manufacturer: Nautel

Transmitter Model: NX 10

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.
N/A

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 <i>FRANCIS J. HOFFMAN</i>	Typed or Printed Title of Person Signing <i>EXECUTIVE DIRECTOR</i>
Signature <i>Francis J. Hoffman</i>	Date <i>4/24/2020</i>

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