Federal Communications Commission Washington, D. C. 20554

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

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

FOR FCC USE ONLY			

FOR COMMISSION USE ONLY

(Please read instructions before filling out form.	FILE NO.					
SECTION I - APPLICANT FEE INFORMATION						
PAYOR NAME (Last, First, Middle Initial)						
MAILING ADDRESS (Line 1) (Maximum 35 characters)						
MAILING ADDRESS (Line 2) (Maximum 35 characters)						
CITY	STATE OR COUNTRY (if foreign address) ZIP CODE					
TELEPHONE NUMBER (include area code)	CALL LETTERS OTH	ER FCC IDENTIFIER (If applicable)				
2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educ C. If Yes, provide the following information: Enter in Column (A) the correct Fee Type Code for the service you a Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this (A) (B) FEE TYPE CODE	are applying for. Fee Type Codes m					
	\$					
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.						
(A) 0 0 0 1	(C)	FOR FCC USE ONLY				
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	FOR FCC USE ONLY				

0=0=10111 1=011011						_
1. NAME OF APPLICANT	IT INFORMATION					
MAILING ADDRESS						
CITY			STATE		ZIP CODE	_
2. This application is for:	Commercial AM Directio	nal	☐ Noncomm	nercial on-Directional		
Call letters	Community of License Co	onstructi	on Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit	
3. Is the station n accordance with 47 C.F		autor	matic program	test authority in	Yes No Exhibit No.	
4. Have all the term construction permit bee	Yes No Exhibit No.					
If No, state exceptions i	n 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. No.						
If Yes, explain in an Ex	:hibit.					
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 Exhi	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 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	or			
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					
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).					
I certify that the statements in this application are true, cor and are made in good faith.	mplete, and correct to the	best of my knowledge and belief,			
Name	Signature Doug Hastings				
Title	Date	Telephone Number			
WILLFUL FALSE STATEMENTS ON THIS FORM ARI (U.S. CODE, TITLE 18, SECTION 1001), AND/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 - L Name of Applicar		LICATION ENGII	NEERING DATA	A				
PURPOSE OF A	UTHORIZATIO	N APPLIED FOR	: (check one)					
	Station License		Direct Mea	asurement of Pow	er			
1. Facilities author	orized in const	ruction permit						
Call Sign						kilowatts Day		
Station location	n							
State				City or Town	City or Town			
3. Transmitter lo	cation							
State County				City or Town Street address (or other identification)			ation)	
4. Main studio lo	cation							
State				City or Town		Street address (or other identification)		
5. Remote contro	l point location	n (specify only if au	uthorized directio	nal antenna)				
State	cte control point location (specify only if authorized directional antenn County City or				Other at and discon			
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.							Yes No Not Applicable	
8. Operating con		ırrent (in amperes)	without	DE common no	vint or antonna	current (in ampere	ac) without	
modulation for nig		irrent (iir amperes)	Without	RF common point or antenna current (in amperes) without modulation for day system				
Measured antenna or common point resistance (in ohms) at operating frequency Night Day			Measured antenna or common point reactance (in ohms) at operating frequency Night Day					
Antenna indicatio	ns for direction					I		
Antenna monitor Towers Phase reading(s) in degrees			Antenna monitor sample current ratio(s) Antenna base currents					
		Night			Day	Night	Day	
Manufacturer and	type of anteni	na monitor:						

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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 Section Tower	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)		Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. Exhibit No.			
Excitation	Series	Shunt	ASRN(ND	A): 1227238				
Geographic coordinates tower location.	to nearest second. For direct	tional antenna	give coordinate	es of center of array. For	single vertical radiator give			
North Latitude	0	п	West Longitu	de ^O	, п			
•	ove, attach as an Exhibit furtl wer and associated isolation c		dimensions in	cluding any other	Exhibit No.			
Also, if necessary for dimensions of ground sy	a complete description, attac stem.	ch as an Exhi	bit a sketch c	f the details and	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?								
11. Give reasons for the change in antenna or common point resistance.								
	t the applicant in the capacity true to the best of my knowle			nave examined the forego	oing statement of technical			
Name (Please Print or Type) Signature (check appropriate box below)								
Address (include ZIP Co	ada)	Sun Sun						
Address (include ZIF Co	ode)		Date					
		-	Telephone No.	(Include Area Code)				
Technical Director			Registere	d Professional Engineer				
Chief Operator			Technical	Consultant				
Other (specify)								

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