



Minor Modification of Licensed AM Station Application (301-AM)

Facility ID: | Call Sign:

General Information

** indicates required field*

 Attachments  Draft Copy

Application Description

Description of the application(255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

Uploaded Attachments

* Are attachments (other than associated schedules) being filed with this application?



Yes No [« Clear](#)

Cancel

Save & Continue »

Fees, Waivers and Exemptions

* indicates required field

 Attachments  Draft Copy

Fees

* Is the applicant exempt from FCC application Fees?

Yes No [« Clear](#)

* Is the applicant exempt from FCC regulatory Fees?

Yes No [« Clear](#)

Waivers

* Does this filing request a waiver of the Commission's rule(s)?



Yes No [« Clear](#)

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[Save & Continue »](#)

Applicant Information

* indicates required field

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Applicant Name and Type

* Applicant Type:

* Company Name:

Applicant Information

Attention To:

* Country:

PO Box:

Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

* Email:

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Facility ID: Call Sign:

Contact Representatives

* indicates required field

 Attachments  Draft Copy

Contact Type

* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

Contact Name

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Company Name:

Contact Information

Attention To:

* Country:

PO Box:

Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:


* Phone:

* Email:

Application Sections

General Information

Fees, Waivers and Exemptions

 Applicant Information

 **Contact Representatives**

Attributable Interest

Legal Certification

 Frequency and Facility Information

 Antenna Data Summary

Technical Certifications

Application Summary

Certify



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Attributable Interest

* indicates required field

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Multiple Ownership

* Is the applicant or any party to the application the holder of an attributable radio joint sales agreement or an attributable radio time brokerage agreement in the same market as the station subject to this application?

Yes No [« Clear »](#)

* Applicant certifies that the proposed facility complies with the Commission's multiple ownership rules.

Yes No [« Clear »](#)

* Applicant certifies that the proposed facility: (a) does not present an issue under the Commission's policies relating to media interests of immediate family members (b) complies with the Commission's policies relating to future ownership interests (c) complies with the Commission's restrictions relating to the insulation and non-participation of non-party investors and creditors

Yes No [« Clear »](#)

* Does the Applicant claim status as an "eligible entity," that is, an entity that qualifies as a small business under the Small Business Administration's size standards for its industry grouping (as set forth in 13 C.F.R. § 121-201), and holds: (a) 30 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet; or (b) 15 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet, provided that no other person or entity owns or controls more than 25 percent of the outstanding stock or partnership interests; or (c) more than 50 percent of the voting power of the corporation that will own the media outlet (if such corporation is a publicly traded company)?



Yes No [« Clear »](#)

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Legal Certifications

* indicates required field

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Character Issues

* Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.

Yes No [« Clear](#)

Adverse Findings

* Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

Yes No [« Clear](#)

Local Public Notice

* Applicant certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580.


Yes No N/A [« Clear](#)


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Frequency and Facility Information

* indicates required field

 Attachments

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Proposed Community of License

Facility ID:

* State:

* City:

Facility Information

* Frequency:

 kHz

* Please select a service type:

- Main
 Auxiliary

Selected Facility Type:

Commercial

* Class

- A
 B
 C
 D

Modes/Hour of Operation

* Application applies to:

- Daytime
 Nighttime
 Critical Hours (Only if different than Daytime)
 Unlimited (Only if the same facility for Daytime and Nighttime)

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Directional Antenna Data - Daytime

* indicates required field

Attachments Draft Copy

Parameters

* Power: kW

* Latitude (NAD83): DD MM S.S. Direction

* Longitude (NAD83): DDD MM S.S. Direction

* Theoretical RMS: mV/m per kW @ 1km

* Standard RMS: mV/m per kW @ 1km

Specified Q: mV/m per kW @ 1km

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Certify	

Towers													Add Tower	
Tower	ASRN	Field Ratio	Phase (deg.)	Spacing	Orientation	Ref. Switch	Electrical Ht. (deg.)	Tower Type	A	B	C	D	Action	
1													Delete Edit	
2													Delete Edit	
3													Delete Edit	

Augmentation

Is this standard pattern augmented? Yes No [« Clear](#)

Site Plat and Tower Sketch

Attach an antenna site plat and a tower sketch. The antenna site plat should clearly show the following items: Boundary lines, roads, railroads, other obstructions, and the ground system or counterpoise. Number and dimensions of ground radials or height and dimensions of counterpoise. Spacing and orientation of each element in the array with respect to true north. A scale in meters. The tower sketch should include site elevation, radiator height above base insulator, tower height above ground level, overall tower height above ground without obstruction lighting, and overall height above ground with obstruction lighting.

Please upload the required attachment.

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Facility ID: | Call Sign:

Tower Data

* indicates required field

 Attachments  Draft Copy

ASR Number

* Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes Filed with the FAA Not Applicable [« Clear](#)

ASR Number:

[Lookup ASR Number](#)

Validate ASR Number

Parameters

* Overall height above ground (including obstruction lighting): meters

* Overall height in meters above ground (without obstruction lighting): meters

* Field Ratio:

* Phase: degrees

* Spacing: degrees

* Tower Orientation: degrees

* Tower Reference Switch:

* Is the tower toploaded, sectionalized, or neither?
 Toploaded
 Sectionalized
 Neither

* Height of radiator above base insulator, or above base, if grounded: meters

* Electrical height of radiator: degrees

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[Save & Add Another »](#)



[Save & Continue »](#)

Minor Modification of Licensed AM Station Application (301-AM)

Facility ID: | Call Sign:

Tower Data

* indicates required field

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ASR Number

* Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes Filed with the FAA Not Applicable [« Clear](#)

Parameters

* Overall height above ground (including obstruction lighting): meters

* Overall height in meters above ground (without obstruction lighting): meters

* Field Ratio:

* Phase: degrees

* Spacing: degrees

* Tower Orientation: degrees

* Tower Reference Switch:

* Is the tower toploaded, sectionalized, or neither?
 Toploaded
 Sectionalized
 Neither

* Tower Parameters: ^A ^B degrees

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[Save & Add Another »](#)



[Save & Continue »](#)

Minor Modification of Licensed AM Station Application (301-AM)

Facility ID: | Call Sign:

Tower Data


* indicates required field

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ASR Number

* Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes Filed with the FAA Not Applicable [« Clear](#)

 Please [upload](#) the required attachment which includes results of TOWAIR study.

Parameters

* Overall height above ground (including obstruction lighting): meters

* Overall height in meters above ground (without obstruction lighting): meters

* Field Ratio:

* Phase: degrees

* Spacing: degrees

* Tower Orientation: degrees

* Tower Reference Switch:

* Is the tower toploaded, sectionalized, or neither?
 Toploaded
 Sectionalized
 Neither

* Tower Parameters: ^A ^B ^C ^D degrees

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[Save & Add Another »](#)

[Save & Continue »](#)

Non-Directional Antenna Data - Nighttime

* indicates required field

 Attachments  Draft Copy

Antenna Structure Registration

* Do you have an FCC Antenna Structure Registration (ASR) Number?

Yes Notification filed with FAA Not Applicable [« Clear](#)

* Nominal Power:

kW

* Latitude (NAD83):

DD	MM	SS.S	Direction
<input type="text"/>	<input type="text"/>	<input type="text"/>	N+ ▾

* Longitude (NAD83):

DDD	MM	SS.S	Direction
<input type="text"/>	<input type="text"/>	<input type="text"/>	W- ▾

Parameters

* Theoretical RMS:

mV/m per kW @ 1km

* Overall height above ground (including obstruction lighting):

meters

* Is the tower toploaded, sectionalized, or neither?

Toploaded
 Sectionalized
 Neither

* Height of radiator above base insulator, or above base, if grounded:

meters

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Directional Antenna Data - Critical Hours

* indicates required field

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Parameters

* Power: kW

* Latitude (NAD83): DD MM S.S. Direction

* Longitude (NAD83): DDD MM S.S. Direction

* Theoretical RMS: mV/m per kW @ 1km

* Standard RMS: mV/m per kW @ 1km

Specified Q: mV/m per kW @ 1km

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Certify

Towers Add Tower													
Tower	ASRN	Field Ratio	Phase (deg.)	Spacing	Orientation	Ref. Switch	Electrical Ht. (deg.)	Tower Type	A	B	C	D	Action
1								Neither					<input type="button" value="Delete"/> <input type="button" value="Edit"/>
2								TopLoaded					<input type="button" value="Delete"/> <input type="button" value="Edit"/>
3								TopLoaded					<input type="button" value="Delete"/> <input type="button" value="Edit"/>
4								TopLoaded					<input type="button" value="Delete"/> <input type="button" value="Edit"/>

Augmentation


Is this standard pattern Yes No « Clear augmented?

* Augmented RMS: mV/m at 1 km

Central Azimuth (degrees)	Span (degrees)	Radiation at Central Azimuth (mV/m)	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
			Add Row

Site Plat and Tower Sketch

Attach an antenna site plat and a tower sketch. The antenna site plat should clearly show the following items: Boundary lines, roads, railroads, other obstructions, and the ground system or counterpoise. Number and dimensions of ground radials or height and dimensions of counterpoise. Spacing and orientation of each element in the array with respect to true north. A scale in meters. The tower sketch should include site elevation, radiator height above base insulator, tower height above ground level, overall tower height above ground without obstruction lighting, and overall height above ground with obstruction lighting.

 Please upload the required attachment.

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Technical Certifications

* indicates required field

 Attachments

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Environmental Effect

* By checking "Yes", the applicant certifies that the facility will not have a significant environmental impact and complies with the maximum permissible electromagnetic exposure limits for controlled and uncontrolled environments (see 47 C.F.R. Section 1.1306). Unless the applicant can determine compliance through the use of the RF worksheets found on the FCC website (<https://www.fcc.gov/sites/default/files/lms-radiofrequency-exposure-compliance-worksheets-radio-broadcast-stations.pdf>), an Exhibit is required.

Yes No [« Clear](#)

Broadcast Facility

* Does the proposed facility comply with the applicable engineering standards and assignment requirements of 47 C.F.R. Sections 73.23, 73.24, 73.33, 73.37, 73.45, 73.150, 73.152, 73.160, 73.182, 73.186, 73.187, 73.189, and 73.1650?

Yes No [« Clear](#)

Community of License Change - Section 307(b)

* If the application is being submitted to change the facility's community of license, does the applicant certify that it has attached an exhibit containing information demonstrating that the proposed community of license change constitutes a preferential arrangement of assignments under Section 307(b) of the Communications Act of 1934, as amended (47 U.S.C. Section 307(b))?

Yes No [« Clear](#)

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Application Summary

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Please review your application before submitting.

You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

General Information

Application Purpose: Minor Modification of Licensed AM Station Application (301-AM)

Attachments

You have 1 files that will be submitted with this application.

[View Attachments »](#)

Fees, Waivers, and Exemptions

Exempt from FCC Application Fees? Yes

Exempt from FCC Regulatory Fees? Yes

Applicant Information

Name:
Title:
Address:

Phone:
Email:

Contact Representatives

Name:
Title:
Address:

Phone:
Email:

[View All Contact Representatives \(1\) »](#)

Channel and Facility Information

Community of License City:
Community of License State:
Facility Type:
Station Class:

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Certification

* indicates required field

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General Certification Statements

The Applicant 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 of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended).

The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

* indicates required field

Date: 06/30/2023

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Attachments: I certify that this application includes all required and relevant attachments.

[Submit Application](#)

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