Modification of a Full Power AM Station License Application (302-AM)

Facility ID:  Call Sign:

General Information

* Indicates required field

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]
Modification of a Full Power AM Station License Application (302-AM)
Facility ID:   Call Sign:

Fees, Waivers and Exemptions

* Indicates required field

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
Modification of a Full Power AM Station License Application (302-AM)
Facility ID: Call Sign:

**Applicant Information**

* Indicates required field

**Applicant Name and Type**

* Applicant Type: Select...

* Company Name:

**Applicant Information**

Attention To:

* Country: United States

PO Box:

Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State: Select...

* Zip Code:

* Phone:  ( ) ____-____

* Email:

Approved by OMB
3060-0627
Estimated time per response – 1 to 2 hours
## Contact Representatives

**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:
- zip:
- [ ] State:
- [ ] Zip Code:

**Phone**
- [ ] Area:
- [ ] Extension:

**Email**
- [ ] Domain:

**Save & Add Another >**
Legal Certifications

Character Issues

* Applicant certifies that neither applicant nor any party to the application has filed any petition to, or objection with (a) any regulatory or broadcast agency regarding the application or (b) any proceeding where character issues have been raised.

[ ] Yes
[ ] No
[ ] Other

Adverse Findings

* Applicant certifies that, with respect to the applicant and any parties 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 relating to the following: (a) any activity that is enjoined or penalized by virtue of any federal, state, or local statute; (b) fraud or unfair practices in connection with proceedings before the FCC; (c) a violation of the FCC's rules and regulations.

[ ] Yes
[ ] No
[ ] Other
Frequency and Facility Information

*Indicates required field

Filing Type

Select filing type:
- Station Re-License per Method of Moments
- Direct Measurement of Power
- Correction of Coordinates
- Other
- Clear

Proposed Community of License

State: Florida
City: Orlando

Facility Information

Frequency: 580 kHz
Service Type: Main

* Facility Type
- Commercial
- Noncommercial Educational

Selected Class: B

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)
Antenna Non-Directional Data - Daytime

* Indicate real field

** Parameters **

* Nominal Power: ___________________________ kW

* Antenna Input Power: ________________________ kW

* If common pole or antenna cannot be exposed, enter name: ___________________________

* Measured antenna or common point resistance at operating frequency: ______ Ohms

* Provide geographic coordinates of the nearest township or section:

  * Latitude: ___________________________ N  M  S
  * Longitude: ___________________________ W  M  E

* Elevation: ___________________________
  * Series
  * Other

Tower Data

<table>
<thead>
<tr>
<th>ARS929</th>
<th>Overall height of radiator (m)</th>
<th>AGL w/o obstruction (m)</th>
<th>AGL with obstruction (m)</th>
<th>Tower type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3059299</td>
<td>114.11</td>
<td></td>
<td></td>
<td>Neither</td>
</tr>
</tbody>
</table>

Tower Description

* Attach an aerial of the tower (preferably an aerial drawn), or describe or specify the type, dimensions, and relative location of any other antenna referenced in this section.

Ground System Description

* Attach a diagram to complete description of the ground system.

Antenna or Common Point Resistance

* Attach an aerial, or specify the exact location of the antenna or common point resistance if applicable.

Antenna Performance

* Power Performance:
  * Measured Method
  * Calculated
  * Not Applicable

   * Finish

See last page to continue
License Certifications

Correcting Coordinates

* In this application bellows facts correct coordinates, as authorized by 47 CFR Section 73.1990(b)(137)
  - Yes
  - No

Change in License Status

* In this application bellows facts authorize a change in license status from commercial to non-commercial or from non-commercial to commercial pursuant to 47 CFR Section 73.1990(b)(137)
  - Yes
  - No

Estimated time per response – 1 to 2 hours
Modification of Full Power AM Station License Application (302-AH)
Facility ID: 
Call Sign:

Application Summary

Please review your application before submission.
You have provided information in allconstituent 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 "Submit for OMB" button below.

This application is incomplete or contains errors. 
Please use the links under Application Sections to view and correct them.

<table>
<thead>
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<th>General Information</th>
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<tr>
<td>Application Purpose: Modification of Full Power AM Station License Application (302-AH)</td>
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<th>Attachments</th>
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<tbody>
<tr>
<td>You have 3 file(s) that will be submitted with this application.</td>
</tr>
<tr>
<td>View File(s)</td>
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<td>Exempt from FCC Regulatory fees?</td>
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</thead>
</table>
| Name: 
Title: 
Address: United States 
Phone: 
Email: |
| Name: 
Title: 
Address: United States 
Phone: 
Email: |

<table>
<thead>
<tr>
<th>Channel and Facility Information</th>
</tr>
</thead>
</table>
| Community of License City: 
Community of License State: 
Facility Type: 
N/A 

< Back
Modification of a Full Power AM Station License Application (OR2 AM)

Facility ID:  Call Sign: 

Certification

* Includes required form

General Certification Statements

The Applicant certifies that neither the Applicant nor any other party to this application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 886a, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in a form exempted under §1.2002(e) of the rules, 47 CFR 1.2002(e), for the definition of “party to the application” as used in this certification (§1.2002(e)).

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

Authorized Party to Sign

Failure to sign this application may result in denial of the application and forfeiture of any fees paid.

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: 06/24/2013

* First Name:

Middle Name:

* Last Name:

Title:

* Attachments

[Submit Application]

[Approved by OMB 3060-0627
Estimated time per response – 1 to 2 hours]