

FAX COVER SHEET

A.T. MOORE

6652 N. Club Dr.
Shreveport, LA 71107
318-929-3112
Fax 318-929-3685

Send to:	FCC
Attention:	DALE BICKEL
Date	2/10/14
Fax number:	202-418-1411

Urgent Reply ASAP Please comment Please review For your information

Total pages, including cover:

6

Comments:

ATTEMPTED TO FILE ON 2/7 & 2/8 - RECEIVED
ERROR MESSAGE. TALKED TO KONRAD TODAY.
UNABLE TO RESOLVE FILING ERROR.

PHONE NUMBER 318-453-1637 EMAIL
ATMAX3@AOL.COM

THANK YOU

Tommy Moore

FROM:

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Engineering STA		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		-

Section I - General Information

1.	Legal Name of the Applicant FAMILY LIFE EDUCATIONAL FOUNDATION	
	Mailing Address 6652 N. CLUB DR.	
	City SHREVEPORT	State or Country (if foreign address) LA
	Zip Code 71107 -	
	Telephone Number (include area code) 3189293112 CELL 318-453-1637	E-Mail Address (if available)
	FCC Registration No 0008368532	Call Sign KKML
	Facility ID Number 173617	
2.	Contact Representative (if other than licensee/permittee) A.T. MOORE	
	Firm or Company Name FAMILY LIFE EDUCATIONAL FOUNDATION	
	Mailing Address 6652 N. CLUB DR.	
	City SHREVEPORT	State or Country (if foreign address) LA
	Zip Code 71107 -	
	Telephone Number (include area code) 3189293112	E-Mail Address (if available)
3.	Purpose: <input checked="" type="checkbox"/> Engineering STA	
	<input type="checkbox"/> Extension of Existing Engineering STA	
	<input type="checkbox"/> Legal STA	
	<input type="checkbox"/> Extension of Existing Legal STA	

4.	Service: FM
5.	Community of License: City: MINDEN State: LA
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)

TECHNICAL SPECIFICATIONS

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

TECH BOX

7.0.	STA is requested for use of <input checked="" type="radio"/> Licensed Antenna system with: <input checked="" type="radio"/> Reduced power <input type="radio"/> Reduced hours of operation <input type="radio"/> Required equipment out of service <input type="radio"/> Other variance [Exhibit 1] <input type="radio"/> Antenna system authorized by Construction Permit: - Describe requested modes of operation [Exhibit 2] <input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.11)		
7.1.	Channel Number:		
7.2.	Antenna Location Coordinates: (NAD 27)		
	Latitude:		
	Degrees Minutes Seconds	<input checked="" type="radio"/> North	<input type="radio"/> South
	Longitude:		
	Degrees Minutes Seconds	West	East
7.3.	Antenna Structure Registration Number: Not Applicable Notification filed with FAA		
7.4.	Overall Tower Height Above Ground Level:	meters	
7.5.	Height of Radiation Center Above Mean Sea Level:	meters(H)	meters(V)
7.6.	Height of Radiation Center Above Ground Level:	meters(H)	meters(V)
7.7.	Height of Radiation Center Above Average Terrain:	meters(H)	meters(V)

7.8.	Effective Radiated Power: Maximum Effective Radiated Power: <input type="checkbox"/> Not Applicable (Beam-Tilt Antenna ONLY)	kW(H)	kW(V)
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7.10.	Directional Antenna Relative Field Values: <input type="checkbox"/> Not applicable (Nondirectional) Rotation (Degrees): <input type="checkbox"/> No Rotation
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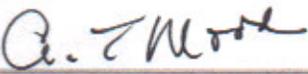
Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value
0		10		20		30		40		50	
60		70		80		90		100		110	
120		130		140		150		160		170	
180		190		200		210		220		230	
240		250		260		270		280		290	
300		310		320		330		340		350	
Additional Azimuths											

7.11.	<p>Environmental Protection Act. The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required.</p> <p>By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
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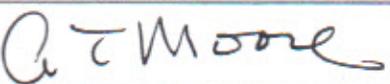
8.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 4]
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9.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse	<input checked="" type="radio"/> Yes <input type="radio"/> No
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I certify that I have prepared Engineering Data on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name A.T. MOORE		Relationship to Applicant (e.g., Consulting Engineer) TECHNICAL CONSULTANT	
Signature 		Date (mm/dd/yyyy) 2/7/2014	
Mailing Address 6652 N. CLUB DR.			
City SHREVEPORT		State or Country (if foreign address) LA	Zip Code 71107 -
Telephone Number (No dashes or parentheses, include area code) 3194531637		E-Mail Address (if available)	

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 A.T. MOORE		Typed or Printed Title of Person Signing PRESIDENT	
Signature 		Date (mm/dd/yyyy) 2/7/2014	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 4

Description: REDUCED POWER OPERATION KKML

KKML IS LOCATED ON A TOWER WITH NUMEROUS OTHER COMMUNICATION

SERVICES INCLUDING NEXUS SYSTEMS, INC. FULL POWER OPERATION OF KKML CAUSES INTERFERENCE TO THE NEXUS INTERNET SERVICE. WITH THE COOPERATION OF NEXUS, IT WAS DETERMINED THAT KKML COULD OPERATE AT REDUCED POWER AND NOT CAUSE INTERFERENCE TO THE INTERNET OPERATION. WE ARE PRESENTLY OPERATING AT THIS REDUCED POWER LEVEL. THE OWNER OF THE TOWER HAS RECEIVED THE NECESSARY PERMITS TO INCREASE THE HEIGHT OF THE STRUCTURE AND KKML IS EXPLORING THE POSSIBILITY OF FILING AN APPLICATION WITH THE COMMISSION FOR AUTHORITY TO MOVE UP HIGHER ON THE TOWER ONCE THE TOWER WORK IS COMPLETED. THIS WOULD ALLOW KKML TO MOVE AWAY FROM THE NEXUS ANTENNAS. THE CONSTRUCTION WORK ON THE TOWER HAS BEEN DELAYED DUE TO THE WINTER WEATHER. THIS REQUEST FOR REDUCED POWER WILL ALLOW KKML TO PROVIDE SERVICE TO THE TOWN OF MINDEN, LA AND IS MADE IN ACCORDANCE WITH SECTION 73.1560(D) OF THE COMMISSIONS RULES AND REGULATIONS. KKML REQUESTS SPECIAL TEMPORARY AUTHORITY TO OPERATE AT REDUCED POWER FOR 120 DAYS.

Attachment 4
