



Received & Inspected

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FCC Mailroom

2018 SEP 11 PM 2:26

Extensión San Agustín, Calle 3 #1210, Río Piedras PR 00926-1837 • Tel. (787) 763-1066 • Fax (787) 763-4195 • E-mail: wapa680@gmail.com

September 5, 2018

Mrs. Marlene H. Dortch, Secretary
Office of the Secretary
FEDERAL COMMUNICATIONS COMMISSION
445 12th St., S. W.
Washington, D. C. 20554

RE: APPLICATION FOR LICENSE
WVOZ-AM AGUADILLA, PR
BP-20170327AAF FRN: 72452

Enclosed please find, in triplicate (original and two copies) of WVOZ-AM Form 302-AM (Application for license). This is an application for a directional antenna so MMR and MOR fees apply. The fees have been paid electronically (\$725.+\$835.=\$1560.00). Electronic payment confirmation is being included as an attachment (Pay.gov Tracking Id: 26C24C29; Agency Tracking Id: PGC3141358).

Documents enclosed:

- a) FCC FORM 302-AM including Exh 1 (Request for Program Tests) & Proof of Performance
- b) FCC FORM 159 (Filed Electronically)
- c) Electronic Payment Confirmation (VISA CARD)

Please send us back the first page FCC-302AM marked as 'receipt copy' stamped by your Office in the pre-postaged envelope included.

Very truly yours,

ENG. WIFREDO G. BLANCO-PI

Licensee WVOZ-AM

WAPA-680-AM
San Juan

WMIA-1070-AM
Arecibo

WISO-1260-AM
Ponce

WTIL-1300-AM
Mayagüez

WVOZ-1580-AM
Aguadilla

WXRF-1590-AM
Guayama

LA PODEROSA CADENA WAPA RADIO



Online Payment

Step 3: Confirm Payment

1 | 2 | 3

Thank you.

Your transaction has been successfully completed.

Pay.gov Tracking Information

Application Name: Remittance Advice

Pay.gov Tracking ID: 26C24C29

Agency Tracking ID: PGC3141358

Transaction Date and Time: 09/05/2018 10:28 EDT

Payment Summary

Address Information

Account Holder JORGE G BLANCO
Name: WAPA RADIO

Billing Address: EXT SAN AGUSTIN

Billing Address 2: 1210 3RD ST

City: SAN JUAN

State/Province: PR

ZIP/Postal Code: 00926-

Country: USA

Account Information

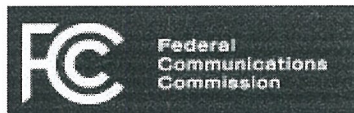
Credit Card Type: Visa

Credit Card Number: *****3459

Payment Information

Payment Amount: \$1,560.00

Transaction Date 09/05/2018 10:28
and Time: EDT



Fee Filer System

Fee Filer System

[Main Menu](#) | [Final Review](#) | [Confirmation Report](#)

Logged in as FRN: WIFREDO BLANCO PI (0007753668) [[Log Out](#)]

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Confirmation Report

[PRINT](#)



- Proceed to the Payment Selection screen to pay online by credit card, ACH payment, or wire transfer.

Licensee : WIFREDO BLANCO PI (FRN: 0007753668)								
Call Sign	P T C	Quantity	Amount	Late Fees	Total	FCC Code 1	FCC Code 2	BILL NUMBER
WVOZ-AM	MMR	1	\$725.00	\$0.00	\$725.00	72452	0007753668	N/A
WVOZ-AM	MOR	1	\$835.00	\$0.00	\$835.00	72452	0007753668	N/A
Total:	*****	2	\$1,560.00	\$0.00	\$1,560.00	*****	*****	*****

	DETAILS	QUANTITY	AMOUNT
GRAND TOTAL:	2	2	\$1,560.00

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Customer Service

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[Paperwork Reduction Act](#)

Financial Operations Help Desk: (877) 480-3201, option 6; (Mon.-Fri. 8 a.m.-6:00 p.m. ET)

Fee Filer has a dedicated staff of customer service representatives standing by to answer your questions or concerns.

You can email us at arinquiries@fcc.gov.

Agency Tracking ID:PGC3141358
Authorization Number:082241
Successful Authorization -- Date Paid: 9/5/18
FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) WIFREDO G BLANCO PI		(3) TOTAL AMOUNT PAID (dollars and cents) \$1560.00
(4) STREET ADDRESS LINE NO. 1 155 SAN ANTONIO ST		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY FLORAL PARK, HATO REY		(7) STATE PR
		(8) ZIP CODE 00917-3910
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 787-3132153		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0007753668		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME WIFREDO BLANCO PI		
(14) STREET ADDRESS LINE NO. 1 155 SAN ANTONIO ST		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY FLORAL PARK, HATO REY		(17) STATE PR
		(18) ZIP CODE 00917-3910
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 787-3132153		(20) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0007753668		(22) FCC USE ONLY
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID WVOZ-AM	(24A) Payment Type Code(PTC) MMR	(25A) Quantity 1
(26A) Fee Due for (PTC) \$725.00	(27A) Total Fee \$725.00	FCC Use Only
(28A) FCC CODE 1 72452	(29A) FCC CODE 2 0007753668	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23B) FCC Call Sign/Other ID WVOZ-AM	(24B) Payment Type Code(PTC) MOR	(25B) Quantity 1
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only

\$835.00		\$835.00	
(28B) FCC CODE 1	72452	(29B) FCC CODE 2	0007753668

ORIGINAL

Federal Communications Commission
Washington, D. C. 20554Approved by OMB
3060-0627
Expires 01/31/98FOR
FCC
USE
ONLYFCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BL-20180911 ADH

SECTION I - APPLICANT FEE INFORMATION

1. PAYOR NAME (Last, First, Middle Initial)

WIFREDO G. BLANCO-PI

MAILING ADDRESS (Line 1) (Maximum 35 characters)
EXT SAN AGUSTINMAILING ADDRESS (Line 2) (Maximum 35 characters)
1210 3RD ST.CITY
SAN JUANSTATE OR COUNTRY (if foreign address)
PRZIP CODE
00926-1837TELEPHONE NUMBER (include area code)
787 313 2153CALL LETTERS
WVOZOTHER FCC IDENTIFIER (If applicable)
72452

2. A. Is a fee submitted with this application?

☒ Yes ☐ No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section

☐ Governmental Entity ☐ Noncommercial educational licensee ☐ Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
M O R	0 0 0 1	\$835.00	

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)	FOR FCC USE ONLY
M M R	0 0 0 1	\$725.00	

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

\$ 1560.00

FOR FCC USE ONLY

FEE PAID ELECTRONICALLY. W.G. BR

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT WIFREDO G. BLANCO-PI		
MAILING ADDRESS EXT SAN AGUSTIN 1210 3RD ST.		
CITY SAN JUAN	STATE PR	ZIP CODE 00917

2. This application is for:

- ☒ Commercial
 ☐ Noncommercial
☒ AM Directional
 ☐ AM Non-Directional

Call letters WVOZ	Community of License AGUADILLA	Construction Permit File No. BP-20170327AAF	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 12/28/2020
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☐ Yes ☒ No

If No, explain in an Exhibit.

Exhibit No. 1

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☒ Yes ☐ No

If No, state exceptions in an Exhibit.

Exhibit No.

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

If Yes, explain in an Exhibit.

Exhibit No.

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)?

☒ Yes ☐ No

☐ Does not apply

If No, explain in an Exhibit.

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?

☐ Yes ☒ No

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.

Exhibit No.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

☐ Yes ☒ No

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

CERTIFICATION

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).

☒ Yes ☐ No

2. I 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.

Name WIFREDO G. BLANCO-PI	Signature <i>Wifredo G. Blanco Pi</i>	
Title LICENSEE	Date 09/05/2018	Telephone Number 787-313-2153

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

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 - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant

WIFREDO G. BLANCO-PI

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

1. Facilities authorized in construction permit

Call Sign	File No. of Construction Permit (if applicable)	Frequency (kHz)	Hours of Operation	Power in kilowatts	
				Night	Day
WVOZ	BP-20170327AAF	1580	UNLIMITED	1	1

2. Station location

State PUERTO RICO	City or Town AGUADILLA
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3. Transmitter location

State PR	County AGUADILLA	City or Town AGUADILLA	Street address (or other identification) Bo. Palmar, PR-4443 INT
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4. Main studio location

State PR	County SAN JUAN	City or Town SAN JUAN	Street address (or other identification) EXT SAN AGUSTIN 3RD ST.
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5. Remote control point location (specify only if authorized directional antenna)

State PR	County SAN JUAN	City or Town SAN JUAN	Street address (or other identification) EXT SAN AGUSTIN 3RD ST
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6. Has type-approved stereo generating equipment been installed?



Yes



No

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.
EE
8. Operating constants:

RF common point or antenna current (in amperes) without modulation for night system 5.27		RF common point or antenna current (in amperes) without modulation for day system 4.65	
Measured antenna or common point resistance (in ohms) at operating frequency Night 36 Day 50		Measured antenna or common point reactance (in ohms) at operating frequency Night 41 Day 0	

Antenna indications for directional operation

Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day
1	N/A	0	N/A	1	5.27	4.25
2	N/A	-93	N/A	0.87	0	3.7

Manufacturer and type of antenna monitor:

POTOMAC INSTRUMENTS AM-19

SECTION III - Page 2

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 GUYED TW	Overall height in meters of radiator above base insulator, or above base, if grounded. 42.7	Overall height in meters above ground (without obstruction lighting) 44.2	Overall height in meters above ground (include obstruction lighting) 44.2	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div>Exhibit No. N/A</div>
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Excitation ☒ Series ☐ Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 18 ° 24 ' 09 "	West Longitude 67 ° 08 ' 48 "
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

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?

NONE

11. Give reasons for the change in antenna or common point resistance.

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) WIFREDO G. BLANCO-PI	Signature (check appropriate box below) <i>Wifredo G. Blanco-PI</i>
Address (include ZIP Code) EXT SAN AGUSTIN 1210 3RD ST. SAN JUAN	Date 09/05/2018 Telephone No. (Include Area Code) 787 313 2153

☐ Technical Director

☒ Registered Professional Engineer

☐ Chief Operator

☐ Technical Consultant

☐ Other (specify)

ENGINEERING EXHIBIT – APPLICATION FOR LICENSE
RADIO STATION WVOZ-AM, AGUADILLA, P.R.
1580 Khz., 1kw DA-D / 1kw NDA-N, U

EXHIBIT 1
BP-20170327AAF
August 30, 2018

PROGRAM TEST AUTHORITY REQUEST

Application for license to cover BP-20170327AAF is hereby filed. The construction has been done according to the Construction Permit (CP). All operating parameters comply with the authorized parameters in the CP. Accordingly, PROGRAM TEST AUTHORITY is respectfully requested beginning immediately.

For this purpose, a waiver of the rule having to specify a date 10 days after filing FCC 302-AM is requested.

If the waiver is not granted anyway WVOZ-AM pretends to go on the air on September 15, 2018. (10 days from today), if authorized.

WVOZ Morovis, Puerto Rico has a silent period due September 25, 2018. WVOZ was granted a change of city license to Aguadilla, PR. WVOZ Aguadilla is ready to go on the air immediately. Puerto Rico is actually in the most critical month of the hurricane season, September. WVOZ is part of the WAPA RADIO network, the only network that maintained on the air during Hurricane Maria last year. WAPA-AM was the only AM, FM and/or TV station that maintained on the air in the San Juan/Metro Area.