

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

Section I - General Information

1.	Legal Name of the Applicant RADIO VISION CRISTIANA MANAGEMENT	
	Mailing Address 419 BROADWAY	
	City PATERSON	State or Country (if foreign address) NJ
	Zip Code 07501 -	
	Telephone Number (include area code) 9172795425	E-Mail Address (if available) REVJOSE.JG@GMAIL.COM
	FCC Registration No 0021275920	Call Sign KCKN
		Facility ID Number 57721
2.	Contact Representative (if other than licensee/permittee) DEREK TESLIK	Firm or Company Name GRAY MILLER PERSH LLP
	Mailing Address 2233 WISCONSIN AVENUE, NW SUITE 226	
	City WASHINGTON	State or Country (if foreign address) DC
	Zip Code 20007 -	
	Telephone Number (include area code) 2025597489	E-Mail Address (if available) DTESLIK@GRAYMILLERPERSH.COM
3.	Purpose:	
	<input type="radio"/> Engineering STA	
	<input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BSTA - 20201103AAM	
	<input type="radio"/> Legal STA	
	<input type="radio"/> Extension of Existing Legal STA	
4.	Service: AM	
5.	Community of License: City: ROSWELL State: NM	
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 type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)	
7.	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. 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.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 33]
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	[Exhibit 34]

	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.	
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 Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No

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 Eduardo Evertz	Typed or Printed Title of Person Signing Chief Engineer
Signature	Date (mm/dd/yyyy) 12/21/2022

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 13

Description: OPERATION AT VARIANCE

KCKN IS LICENSED TO OPERATE AT 50 KW DAY AND NIGHT. BY BESTA-20200203AAC, KCKN WAS AUTHORIZED TO OPERATE WITH REDUCED POWER DAY AND NIGHT UNTIL AUGUST 17, 2020. UNDERSIGNED COUNSEL WAS ADVISED BY PRIOR CONSULTING ENGINEER THAT KCKN HAD RETURNED TO FULL OPERATING POWER DAY AND NIGHT ON AUGUST 15, 2020, AND COUNSEL SO INFORMED COMMISSION STAFF.

HOWEVER, KCKN HAS NOW HIRED A NEW CONSULTING ENGINEER, EDUARDO EVERTZ, WHO INFORMED COUNSEL ON OCTOBER 6, 2020 THAT KCKN WAS NOT OPERATING WITH FULL PARAMETERS. RATHER, BECAUSE OF EQUIPMENT PROBLEMS, MR. EVERTZ ASSERTS THAT KCKN IS CURRENTLY OPERATING AT 50 KW WITH THE NIGHTTIME PATTERN ONLY, DAY AND NIGHT. MR. EVERTZ IS PRESENTLY IN THE DOMINICAN REPUBLIC AND WILL NOT RETURN TO ROSWELL, NEW MEXICO FOR SEVERAL WEEKS. HE BELIEVES THAT HE WILL BE ABLE TO SOLVE THE DAYTIME PATTERN PROBLEM BY MID-DECEMBER 2020. THEREFORE, KCKN RESPECTFULLY REQUESTS A NEW STA FOR IT TO OPERATE AT 50 KW DAY AND NIGHT WITH ITS NIGHTTIME PATTERN ONLY FOR SIX MONTHS, OR UNTIL HE CAN CURE THE PROBLEM SOONER.

Attachment 13

Exhibit 34

Description: STA EXTENSION REQUEST

Work to return KCKN to licensed operation is ongoing. Installation of the remote-control system for the station is approximately 60% complete at the time of filing. Additionally, the daytime pattern for the station must be rewired and set on phase prior to being brought into operation. There has been little progress over the most recent STA term because Licensee's engineering team has focused their efforts over the last months on returning co-owned station WWCL(AM) to its licensed operations. That project was completed in August, 2022. Licensee's team has shifted its efforts to KCKN and expects to make substantial progress over the coming months, weather permitting.

Licensee respectfully requests continued special temporary authority to operate KCKN at variance from its licensed parameters until such time as repairs to the station's facilities can be completed.

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(1) LOCKBOX # 979089		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A – PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Radio Vision Cristiana Management		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO. 1 2233 Wisconsin Ave., NW			
(5) STREET ADDRESS LINE NO. 2 Suite 226			
(6) CITY Washington		(7) STATE DC	(8) ZIP CODE 20007
(9) DAYTIME TELEPHONE NUMBER (include area code) 2025597489		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0005074968		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(13) APPLICANT NAME Radio Vision Cristiana Management			
(14) STREET ADDRESS LINE NO.1 2233 Wisconsin Ave., NW			
(15) STREET ADDRESS LINE NO. 2 Suite 226			
(16) CITY Washington		(17) STATE DC	(18) ZIP CODE 20007
(19) DAYTIME TELEPHONE NUMBER (include area code) 2025597489		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0005074968		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KCKN	(24A) PAYMENT TYPE CODE MVV		(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) 290.00	(27A) TOTAL FEE 290.00		FCC USE ONLY
(28A) FCC CODE 1 57721		(29A) FCC CODE 2 57721	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE		(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE		FCC USE ONLY
(28B) FCC CODE 1		(29B) FCC CODE 2	
SECTION D – CERTIFICATION			
CERTIFICATION STATEMENT			
I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.			
SIGNATURE _____		DATE _____	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____ ACCOUNT NUMBER _____ EXPIRATION DATE _____ I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described. SIGNATURE _____ DATE _____			

ADVICE REFERENCE GUIDE HOW TO USE FCC FORM 159-REMITTANCE ADVICE

The FCC Form 159, "Remittance Advice," and FCC Form 159-C, (Continuation Sheet) is a multi-purpose form that must accompany any payment to the Federal Communications Commission (e.g., Regulatory Fees, Processing Fees, Auctions, Fines, Forfeitures, Freedom of Information Act (FOIA) Billings, or any other debt due to the FCC). The information on this form is collected to ensure credit for full payment, to ensure you receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996.

Note: Fee Filing Guides can be obtained by calling Forms Distribution -- (202) 418-3676 or 1-800-418-3676, or by calling FCC's fax-on-demand -- (202) 418-0177 from the handset of a fax machine.

Instructions for Completing FCC Form 159 & 159-C

NOTE: All required blocks must be completed or it may result in a delay in processing or the return of your application.

(1) **Lockbox No. #** - Enter the appropriate six-digit P.O. Box Number as found in either the FCC Fee Filing Guide for the service requested, or as specified in the Public Notice.

SECTION A

(2) **Payer Name** - Enter the name of the person or company (i.e., maker of the check) making the payment. If using an individual name, enter the last name, first name, and middle initial. If a company, enter the name used commercially. If paying by credit card, enter the name exactly as it appears on your card.

(3) **Total Amount Paid** - Enter the total amount of your remittance.

(4) **Street Address Line 1** - The street address or post office box number to which correspondence should be sent.

(5) **Street Address Line 2** - This line may be used if further identification of the address is required.

(6) **City** - The name of the city associated with the street address given in (4).

(7) **State** - If the payer has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payer has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** - Enter the payer's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.

(10) **Country Code** - This section is for payers who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information, contact the Mailing Requirements Dept. of the U.S. Postal Service.

(11) **Payer (FRN)** - Enter the payer's ten-digit FCC Registration Number (FRN) assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC webpage (www.fcc.gov.com) or by requesting FCC Form 160 through the FCC forms webpage (www.fcc.gov/formpage.html).

(12) **FCC Use Only**

(You must complete Section A - Block 11: FCC Registration Number)

SECTION B

COMPLETE THIS SECTION IF THE PAYER AND APPLICANT ARE DIFFERENT

(13) **Applicant Name** - Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. **Applicant** includes Licensees, Regulatees or Debtors. If you are using this form to pay for multiple applicants with a single remittance, each applicant must be listed separately using the continuation sheet - Form 159-C. **(If the name is the same as the payer (block 2), it is not necessary to fill out this section. MOVE TO SECTION C.)**

(14) **Street Address Line 1** - The street address or post office box number to which correspondence should be sent.

(15) **Street Address Line 2** - This line may be used if further identification of the address is required.