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September 12, 2013

Via Hand Delivery

Ms. Marlene Dortch  
Secretary  
Federal Communications Commission  
The Portals  
445 Twelfth Street, SW  
Washington, DC 20554

STAMP & RETURN  
ACCEPTED/FILED

SEP 12 2013  
Federal Communications Commission  
Office of the Secretary

**Re: WSOS(AM), St. Augustine Beach, FL, Facility No. 70404**

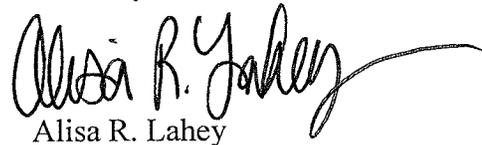
Dear Ms. Dortch:

On behalf of GLK Consultants LLC, the licensee of WSOS(AM), St. Augustine Beach, FL, enclosed are the original and two copies of an application for direct measurement of power for WSOS. This application is submitted on FCC Form 302-AM.

Because this is an application for direct measurement of power, no fee is required for this application.

Please address any questions concerning this application to Howard Liberman of this firm at (202) 842-8876 or to me.

Sincerely,

  
Alisa R. Lahey

FOR  
FCC  
USE  
ONLY

**FCC 302-AM**  
**APPLICATION FOR AM**  
**BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

**SECTION I - APPLICANT FEE INFORMATION**

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

GLK Consultants LLC

MAILING ADDRESS (Line 1) (Maximum 35 characters)

3000 Ponce de Leon Blvd. #6

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

St. Augustine

STATE OR COUNTRY (if foreign address)

FL

ZIP CODE

32084-8600

TELEPHONE NUMBER (include area code)

(904)495-1370

CALL LETTERS

WSOS

OTHER FCC IDENTIFIER (If applicable)

70404

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: Direct Measurement of Power Only

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

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)	
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	0 0 0 1	\$ 0	

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	FOR FCC USE ONLY
\$ 0	

<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT GLK Consultants LLC		
MAILING ADDRESS 3000 Ponce de Leon Blvd. #6		
CITY St. Augustine	STATE FL	ZIP CODE 32084-8600

2. This application is for:

- Commercial       Noncommercial  
 AM Directional       AM Non-Directional

Call letters WSOS	Community of License ST. AUGUSTINE BEACH, FL	Construction Permit File No. N/A	Modification of Construction Permit File No(s). N/A	Expiration Date of Last Construction Permit N/A
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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.  
N/A

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.  
N/A

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.  
N/A

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.  
N/A

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.  
N/A

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			
Signature	KEVIN BEDDINGS		
Title	Date	Telephone Number	
PRESIDENT	9-10-13	904-495-1370	

**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 - 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	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Tower	116.3	116	117.3	Exhibit No.

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	29 ° 55 ' 05 "	West Longitude	81 ° 23 ' 26 "
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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.  
N/A

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

Exhibit No.  
N/A

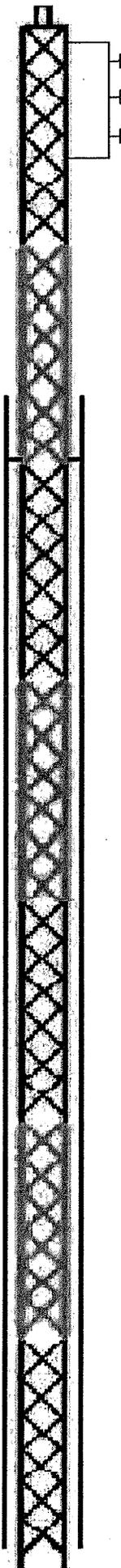
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

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) Alan H Alsobrook	Signature (check appropriate box below)
Address (include ZIP Code) 13 Matanzas Cir St. Augustine Fl. 32080	Date 9/10/2013
	Telephone No. (Include Area Code) 904 829-8885

- Technical Director
- Chief Operator
- Other (specify)
- Registered Professional Engineer
- Technical Consultant



**W258BF TX Shively 6812B-3-SS-EF**  
**Center of Radiation 114M AGL**

**WSOS AM Skirt 248'**  
**AM Unipole Tap Point 239'**