

(REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

 File Number:
 0000205141
 Submit Date:
 12/14/2022
 Lead Call Sign:
 KCVY
 Facility ID:
 90453

FRN: 0006005672

Service: Full Power FM Purpose: Engineering STA Status: Granted Status Date: 12/15/2022 Filing Status: Inactive

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
Fees, Waivers,	Section	Question	Response

Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	Yes
		Indicate reason for fee exemption:	Non-Commercial applicant
		Is the applicant exempt from FCC regulatory Fees?	Yes
	Waivers	Does this filing request a waiver of the Commission's rule (s)?	No
		Total number of rule sections involved in this waiver request:	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
LAKE AREA EDUCATIONAL BROADCASTING FOUNDATION Doing Business As: LAKE AREA EDUCATIONAL BROADCASTING FOUNDATION	JAMES MCDERMOTT PO BOX 800 CAMDENTON, MO 65020 United States	+1 (573) 346-3200	JIM@SPIRITFM. ORG	TRU

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
James J McDermott President LAKE AREA EDUCATIONAL BROADCASTING FOUNDATION	James J McDermott PO Box 800 Camdenton, MO 65020 United States	+1 (573) 346- 3200	jim@spiritfm. org	Legal Representative
James J McDermott President LAKE AREA EDUCATIONAL BROADCASTING FOUNDATION	James J McDermott PO Box 800 Camdenton, MO 65020 United States	+1 (573) 346- 3200	jim@spiritfm. org	Technical Representative

STA Purpose	Section	Question	Response	
	STA Purpose	This Special Temporary Authority is requested for use of:	Licensed Antenna System with: Reduced Power	

Certification

Section	Question	Response
General Certification Statements	The Applicant 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 of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	JAMES J McDermot President 12/14/2022

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>KCVY STA REQUEST REASON.</u> pdf	Applicant	STA Purpose		Done with Virus Scan and/or Conversion