



(REFERENCE COPY - Not for submission)

Direct Measurement of Power Application (302-AM)

File Number: **BZ-19830608AJ** | Submit Date: **06/08/1983** | Lead Call Sign: **KNBR** | FRN: **0023756331**

Service: **Full Power AM** | Purpose: **Direct Measurement of Power** | Status: **Granted** | Status Date: **08/05/1983** |

Filing Status: **Inactive**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Fees, Waivers, and Exemptions

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

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
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Contact Representatives (0)

Contact Name	Address	Phone	Email	Contact Type
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Legal Certifications

Section	Question	Response
Character Issues	Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.	

Frequency and Facility Information

Adverse Findings	Applicant certifies that, with respect to the applicant and any party to the application, and any non-party equity owner in the applicant, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	
Section	Question	Response
Filing Type of License	filing type	Direct Measurement Of Power
Proposed Community of License	State	California
	City	San Francisco
Facility Information	Frequency	680
	Service Type	Main
	Facility Type	Commercial
	Class	
Modes/Hour of Operation	Modes/Hour of Operation	Unlimited

Antenna Summary Data

Non-Directional Antenna Data - Unlimited															
Section	Question	Response													
Parameters	Nominal Power														
	Antenna Input Power														
	RF common point or antenna current without modulation														
	Measured antenna or common point resistance at operating frequency														
	Latitude	37° 32` 49.8N													
	Longitude	122° 14` 3.9W													
	Excitation														
Towers	<table><tr><th>ASRN No.</th><th>Overall ht.(m)</th><th>AGL w/o light(m)</th><th>AGL with light(m)</th><th>Tower Type</th></tr><tr><td colspan="5"></td></tr></table>					ASRN No.	Overall ht.(m)	AGL w/o light(m)	AGL with light(m)	Tower Type					
ASRN No.	Overall ht.(m)	AGL w/o light(m)	AGL with light(m)	Tower Type											
Tower Description	Attach as an exhibit, a description of the towers (uniform cross section, guyed, top-loaded, or such) with details, dimensions and information regarding any other antennas mounted on the tower.														
Ground System Description	Attach as an exhibit, a complete description of the ground system.														
Antenna or Common Point Resistance	Attach as an exhibit, reasons for any change in antenna or common point resistance, if applicable.														
Antenna Performance	Proof of Performance														

License Certifications

Section	Question	Response
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Correcting Coordinates	Is this application being filed to correct coordinates as authorized by 47 CFR Section 73.1690(c)(11)?	
Change in License Status	Is this application being filed to authorize a change in license status from commercial to non-commercial or from non-commercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?	

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.	

Attachments

Information not provided.