

(REFERENCE COPY - Not for submission) AM License to Cover (302-AM)

File Number: BL-19861223	BAB	Submit Date: 12/23/1986	Lead Call Sign: V	VPVD	FRN: 00219653	89
Service: Full Power AM	Purp	ose: License To Cover	Status: Granted	Status	Date: 08/17/1987	Filing Status:
Inactive				1		I

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
Contact					
Representatives	Contact Name	Address	Phone	Email	Contact Type
(0)					

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. 	

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.	
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Frequency and Facility Information	Section	Question	Response
	Program Test Authority	The application is operating pursuant to automatic program test authority in accordance with 47 CFR 73.1620	
		The applicant is requesting program test authority in accordance with 47 CFR Section 73.1620	
	Proposed Community of	State	Rhode Island
	License	City	Providence
	Facility Information	Frequency	1290
		Service Type	Main
		Facility Type	Non-commericial
		Class	В
	Modes/Hour of Operation	Modes/Hour of Operation	Daytime, NightTime

Antenna Summary Data

Directional Antenna Data - Daytime

Section	Question	Response	
Parameters	Nominal Power	5.000	
	Antenna Input Power		
	RF common point or antenna current without modulation		
	Measured antenna or common point resistance at operating frequency		
	Latitude	41° 51` 21.4N	
	Longitude	71° 26` 39.2W	
	Excitation		
	Antenna Monitor Manufacturer		
	Antenna Monitor Type		
Towers	Tower Field Ratio Phase (deg	g.) ASRN Overall Ht. (m) AGL w/o light(m) AGL w light(m)	Tower Type
	1		Neither
	2		Neither
	3		Neither
Tower Description		on of the towers (uniform cross section, guyed, top-loaded, or ation regarding any other antennas mounted on the tower.	such) with

Ground System Description	Attach as an exhibit, a complete	e description of the ground system.
Antenna or Common Point Resistance	Attach as an exhibit, reasons fo	r any change in antenna or common point resistance, if applicable.
Antenna Performance	Proof of Performance	
	Ground System Description	Attach as an exhibit, an engineering statement describing the techniques and software used in the moment method model. Include a complete description of the sampling system and related measurements. If base sampling is specified, an exhibit of the circuit model must be provided. A tower survey certification must also be included unless the station is exempt per Section 73.151(c)(1)(ix). The station must meet all the requirements specified in Section 73.151.
	Description of Sampling System	
	Sampling System Certification	No

Directional Antenna Data - Nighttime

Section	Question	Response	
Parameters	Nominal Power	5.000	
	Antenna Input Power		
	RF common point or antenna current without modulation		
	Measured antenna or common point resistance at operating frequency		
	Latitude	41° 51` 21.4N	
	Longitude	71° 26` 39.2W	
	Excitation		
	Antenna Monitor Manufacturer		
	Antenna Monitor Type		
Towers	Tower Field Ratio Phase (de	g.) ASRN Overall Ht. (m) AGL w/o light(m) AGL w light(m) Tower Type
	1		Neither
	2		Neither
	3		Neither
Tower Description Ground System Description	details, dimensions and informa	on of the towers (uniform cross section, guyed, top-loaded, or ation regarding any other antennas mounted on the tower. e description of the ground system.	such) with
Antenna or Common Point Resistance	Attach as an exhibit, reasons fo	or any change in antenna or common point resistance, if applic	cable.
Antenna	Proof of Performance		
Performance			

Ground System Description	Attach as an exhibit, an engineering statement describing the techniques and software used in the moment method model. Include a complete description of the sampling system and related measurements. If base sampling is specified, an exhibit of the circuit model must be provided. A tower survey certification must also be included unless the station is exempt per Section 73.151(c)(1)(ix). The station must meet all the requirements specified in Section 73.151.
Description of Sampling System	
Sampling System Certification	No

License Certifications

Section	Question	Response
Certifications	Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?	
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	

Attachments

Information not provided.