

(REFERENCE COPY - Not for submission) License to Cover for Low Power FM Station Construction Permit Application

 File Number:
 BLL-20160218AAU
 Submit Date:
 02/18/2016
 Lead Call Sign:
 KBNG-LP
 Facility ID:
 194229

 FRN:
 0023066145
 FRN:
 0023066145
 FRN:
 <td

Service:
Low Power FM
Purpose:
License To Cover
Status:
Granted
Status Date:
02/22/2016
Filing Status:

Inactive
Inacti

| General Information | Section | Question | Response |
|----------------------------------|-------------|--|----------|
| | Attachments | Are attachments (other than associated schedules) being filed with this application? | |
| | | | |
| Fees, Waivers, and Exemptions | Section | Question | Response |
| | Waivers | Does this filing request a waiver of the Commission's rule (s)? | |

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|-----------------------|-------------------------|----------------|
| BANGS CHURCH OF CHRIST Applicant Doing Business As: BANGS CHURCH OF CHRIST | C/O MOREY MAST 8775 CR 136 BANGS, TX 76823 United States | +1 (325) 752- 6464 | JCMMMAST@REAGAN. COM | OTH |

Total number of rule sections involved in this waiver request:

Contact Representatives (1)

| Contact Name | Address | Phone | Email | Contact Type |
|---|------------------|-----------------------|-------------------------|-------------------------|
| MOREY MAST BANGS CHURCH OF CHRIST | United States | +1 (325) 752- 6464 | JCMMMAST@REAGAN. COM | Legal Representative |

| Channel and Facility Information | Section | Question | Response |
|--|----------------------------------|---|----------|
| | Program Test Authority | The application is operating pursuant to automatic program test authority | |
| | | The applicant is requesting program test authority | |
| | Proposed Community of License | State | |
| | | City | |
| | | Channel | 215 |
| | | | |

Frequency

90.9

Antenna Location Data

| Section | Question | Response |
|-----------------------------------|--|--|
| Antenna Structure Registration | Do you have an FCC Antenna Structure Registration (ASR) Number? | |
| | ASR Number | |
| Coordinates (NAD83) | Latitude | 31° 43' 23.4" N+ |
| | Longitude | 099° 07' 51.6" W- |
| | Structure Type | |
| | Overall Structure Height | 18 meters |
| | Support Structure Height | |
| | Ground Elevation (AMSL) | 496 meters |
| Antenna Data | Height of Radiation Center Above Ground Level | Horizontal:18 meters Vertical: |
| | Height of Radiation Center Above Mean Sea Level | Horizontal:514 meters Vertical:0 meters |
| | Effective Radiated Power | Horizontal: 37.0 W Vertical: 37.0 W |
| | Transmitter Power Output | 93.0 W |

Antenna Technical Data

| Section | Question | Response |
|----------------------|-----------------------------------|-----------------|
| Antenna Type | Antenna Type | Non-Directional |
| Transmitting Antenna | Manufacturer: | JAM |
| | Model | JLCP-1 |
| | Antenna Number of Sections: | 1 |
| | Antenna Spacing Between Sections: | 0.0 |

Directional Antenna Relative Field Value

| Degree | Value | Degree | Value | Degree | Value | Degree | Value |
|------------|----------|--------|-------|--------|-------|--------|-------|
| Additional | Azimuths | | | | | | |
| Degree | | Value | | | | | |

Technical Certifications

| Section | Question | Response |
|---------------------------------|--|----------|
| Transmitter Power Output | Does the operating transmitter power output produce the authorized effective radiated power? | |
| Constructed Facility | The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.R. Section 73.875? | Yes |
| Special Operating Conditions | Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit? | Yes |

Environmental

Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? (See 47 C.F.R. Section 1.1306)

| Modification of License | Section | Question | Response |
|----------------------------|---|---|----------|
| Certifications | Change in effective radiated power, transmitter output power, replacing a directional or non- directional antenna, deleting contour protection status, or correcting coordinates | Is this application being filed to authorize a change in Effective Radiated Power and/or a change in transmitter output power, and/or replacing a directional or non- directional antenna and/or deleting contour protection status and/or correcting coordinates, as authorized by 47 CFR Sections 73.1690(c)(1) through (c)(11)? | |
| | Using a formerly licensed main facility as an auxiliary facility. | Is this application being filed pursuant to 47 CFR Section 73.1675(c)(1) to request authorization to use a formerly licensed main facility as an auxiliary facility and/or change the ERP of the proposed auxiliary facility? | |
| | Change the license status | Is this application being filed to authorize a change in license status from commercial to non-commercial or from noncommercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)? | |
| | Change in hours of operation | Is this application being filed to authorize a change in hours of operation? | |
| | Replacement of Antenna | Is this application being filed to authorize the replacement of the licensed nondirectional antenna with another nondirectional antenna within 2 meters above or 4 meters below the licensed antenna center of radiation? See 47 CFR Section 73.875(c)(1)? | |
| | Replacement of transmission line | Is this application being filed to authorize a replacement of the transmission line that resulted in a change in licensed transmitter power output, but not the effective radiated power? See 47 CFR Section 73.875(c)(2)? | |

| Certifica | tion |
|-----------|------|
|-----------|------|

| 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 | MOREY MAST |
| | representative of the above-named applicant for the | |
| | Authorization(s) specified above. | |

Attachments

Information not provided.