



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

File Number: **BLL-20040514AEG** | Submit Date: **05/14/2004** | Lead Call Sign: **KESW-LP** | Facility ID: **134811**

FRN: 0009986605

Service: **Low Power FM** | Purpose: **License To Cover Amendment** | Status: **Granted** | Status Date: **08/25/2004**

Filing Status: **Active**

## General Information

| Section            | Question   | Response |
|--------------------|--|----------|
| <b>Attachments</b> | 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)? |          |
|         | Total number of rule sections involved in this waiver request:  |          |

## Applicant Information

### **Applicant Name, Type, and Contact Information**

| Applicant  | Address   | Phone                    | Email                         | Applicant Type |
|--|---|--------------------------|-------------------------------|----------------|
| <b>JEFFERSON COUNTY DISASTER &amp; EMERGENCY SERVICES</b><br><b>Applicant</b><br>Doing Business As: JEFFERSON COUNTY DISASTER & EMERGENCY SERVICES | P.O. BOX H<br>BOULDER,<br>MT 59632<br>United States | +1 (406)<br>225-<br>4211 | COMMISSIONERS@JEFFERSON.MT.US | OTH            |

## Contact Representatives (1)

| Contact Name  | Address       | Phone             | Email | Contact Type         |
|---|---------------|-------------------|-------|----------------------|
| SALLY BUCKLES<br>JEFFERSON COUNTY DISASTER & EMERGENCY SERVICES | United States | +1 (406) 225-4035 |       | 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   | 293      |
|                               |   |          |

Antenna  
Location Data

|                                | Frequency   | 106.5                                       |
|--------------------------------|---|---|
|                                |   |   |
| Section                        | Question  | Response                                    |
| Antenna Structure Registration | Do you have an FCC Antenna Structure Registration (ASR) Number? |   |
|                                | ASR Number  |   |
| Coordinates (NAD83)            | Latitude  | 45° 52' 11.7" N+                            |
|                                | Longitude   | 112° 06' 03.9" W-                           |
|                                | Structure Type  |   |
|                                | Overall Structure Height  | 20 meters                                   |
|                                | Support Structure Height  |   |
|                                | Ground Elevation (AMSL)   | 1356 meters                                 |
| Antenna Data                   | Height of Radiation Center Above Ground Level                   | Horizontal:20 meters<br>Vertical:           |
|                                | Height of Radiation Center Above Mean Sea Level                 | Horizontal:1376 meters<br>Vertical:0 meters |
|                                | Effective Radiated Power  | Horizontal: 100.0 W<br>Vertical: 100.0 W    |
|                                | Transmitter Power Output  | 245.0 W                                     |

Antenna  
Technical Data

| Section              | Question                          | Response        |
|----------------------|-----------------------------------|-----------------|
| Antenna Type         | Antenna Type                      | Non-Directional |
| Transmitting Antenna | Manufacturer:                     | BEX             |
|                      | Model                             | TFC1K           |
|                      | 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      |

Modification of License Certifications

|               |  |  |
|---------------|--|--|
| 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) |  |
|---------------|--|--|

| Section   | Question  | Response |
|---|---|----------|
| 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)?  |          |

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 | <b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b><br>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.<br>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.   | <b>SALLY BUCKLES</b> |

Attachments

| File Name                | Uploaded By | Attachment Type | Description     | Upload Status                          |
|--------------------------|-------------|-----------------|-----------------|--|
| <u>998880_224884.txt</u> | Applicant   | All Purpose     | LIST OF CHANGES | Done with Virus Scan and/or Conversion |