

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

File Number: 0000214096 | Submit Date: 04/21/2023 | Lead Call Sign: WSAE | Facility ID: 61994

FRN: 0009540097

Service: Full Power FM Purpose: Engineering STA Status: Granted Status Date: 04/27/2023 Filing Status: Active

# 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?	Yes
	Indicate reason for fee exemption:	Noncommercial Educational
	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
SPRING ARBOR UNIVERSITY Doing Business As: SPRING ARBOR UNIVERSITY	RADIO STATIONS WSAE /WJKN-FM 106 E. MAIN STREET SPRING ARBOR, MI 49283 United States	+1 (517) 750-6539	David. Benson@ARBOR. EDU	NFP

### Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
<b>David Benson</b> Chief Engineer  Spring Arbor University	SPRING ARBOR UNIVERSITY 106 E. MAIN STREET SPRING ARBOR, MI 49283 United States	+1 (517) 750- 6539	David. Benson@ARBOR. EDU	Technical Representative
Kathleen Victory FLETCHER, HEALD & HILDRETH, P.L.C.	Kathleen Victory 1300 N. 17TH STREET SUITE 1100 ARLINGTON, VA 22209 United States	+1 (703) 812- 0473	Victory@FHHLAW. COM	Legal 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.	Brent D. Ellis President of Licensee 04/21/2023

### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
Reduced Power STA explanation .PDF	Applicant	STA Purpose	Explanatory exhibit	Done with Virus Scan and/or Conversion