

(REFERENCE COPY - Not for submission)

### Renewal of License

File Number: 0000140507 | Submit Date: 03/19/2021 | Call Sign: K216FL | Facility ID: 121879 | FRN: 0001821271 | State:

Texas City: HUNTSVILLE

Service: FX Purpose: Renewal of License Status: Granted Status Date: 07/22/2021 Expiration Date: 08/01/2029

Filing Status: InActive

### General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Fees, Waivers, and Exemptions

Section	Question	Response
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
PENSACOLA CHRISTIAN COLLEGE, INC. Doing Business As: PENSACOLA CHRISTIAN COLLEGE, INC.	Jeff Surgeon P.O. BOX 18000 Rejoice Radio, Attn. Jeff Surgeon PENSACOLA, FL 32523 United States	+1 (850) 478-8480	JSURGEON@REJOICE. ORG	Private Not-for- Profit Educational Institution

#### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
M. Scott Johnson , Esq . LEGAL COUNSEL Smithwick and Belendiuk PC	M. SCOTT JOHNSON ESQ. 5028 WISCONSIN AVENUE NW SUITE 301 WASHINGTON, DC 20016 United States	+1 (202) 256- 5941	SJOHNSON@FCCWORLD. COM	Legal Representative

# Renewal Certification

Section	Question	Response
Character Issues	Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any broadcast application in any proceeding where character issues were left unresolved, or were resolved adversely against the applicant or any party to the application;	Yes
	Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any pending broadcast application in which character issues have been raised	Yes
Adverse Findings	Licensee certifies that, with respect to the licensee and each party to the application, 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 laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	Yes
FCC Violations during the Preceding License Term	Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If "No", the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	Yes
Ownership	The licensee certifies that, with respect to the station(s) for which renewal is requested, it complied with 47 CFR Section 73.3555.	Yes
Alien Ownership and Control	Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	Yes
Non-Discriminatory Advertising Sales Agreements	Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain non-discrimination clauses. Noncommercial licensees should select "not applicable."	N/A

# Other BroadCast Certifications

Section	Question	Response
Other BroadCast Certifications	Does this application include one or more FM translator station(s) or TV translator station(s) or LPTV station(s), in addition to the station listed at the top of this section?	No

#### FM Translator Certifications (1)

Call Sign: K216FL

Section	Question		Response	
Operational Status	Silent Stations Licensee certifies that the station is currently on the air.		Yes	
		Rebroadcast Status Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, or LPFM station.		
	Rebroadcast Station(s	Rebroadcast Station(s):		
	Call Sign	Facility Id		
	WPCS	52230		
	the licensee of the primary	Rebroadcast Consent Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting the primary station's programming		
Licensee Compliance	Section 74.1232(d), which of: (1) a commercial prima station whose coverage corprotected contour of the cobeing broadcast, and (2) a and a FM translator station the greater of either: (a) the commercial AM primary st 25-mile radius centered at commercial primary AM st restriction also applies to a	Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(d), which prohibits the common ownership of: (1) a commercial primary FM station and a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being broadcast, and (2) a commercial primary AM Station and a FM translator station whose 60 dBu contour exceeds the greater of either: (a) the 2 mV/m daytime contour of the commercial AM primary station being rebroadcast, or (b) a 25-mile radius centered at the transmitter site of the commercial primary AM station being rebroadcast. This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station or primary AM station.		
	Section 74.1232(e) which station whose coverage corprotected contour of the corporate desired to being rebroadcast, and (2) dBu contour exceeds the ground contour of the commercial broadcast, or (b) a 25-mile site of the commercial printer rebroadcast, from receiving technical assistance), before directly or indirectly, from the commercial printer of the	radius centered at the transmitter	N/A	
Environmental Effects	maximum permissible radi	specified facility complies with the of frequency electromagnetic ed and uncontrolled environments.	Yes	

### 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 certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jeff Surgeon Manager of Stations 03/19/2021

#### **Attachments**

Information not provided.