

File Number: <b>0</b>	000145345	Submit Date: <b>09/21/2</b>	021 Call Sign: K	207DX	Facility ID: 3379	FRN: 0004526125	State:
Arizona C	ity: KINGMA	N					
Service: FX	Purpose: F	Renewal of License	Status: Granted	Status I	Date: 09/21/2021	Expiration Date: 10/01/	2029
Filing Status: A	ctive						

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes
Fees, Waivers, and Exemptions	Section	Question	Response
		Deep this filing request a waiver of the Commissionle rule(a)?	No

aivers,	Section	Question	Response
mptions	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 Name, Type, and Contact Information

Applicant Address Phone Email Applicant Type NORTHERN ARIZONA PO Box 5764 +1 (928) 523shelly.watkins@nau. Government Entity UNIVERSITY Flagstaff, AZ 5628 edu 86011 United States

## Applicant Information

Information not provided.

Contact Representatives (0)

Renewal	Section	Question	Response
Certification	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.	N/A
	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	Section	Question	Response
Certifications	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)

Section	Question		Response
Operational Status	Silent Stations Licensee certifies that the	Yes	
	<b>Rebroadcast Status</b> Licensee certifies that the the signal of an FM, AM	Yes	
	Rebroadcast Station		
	Call Sign		
	KNAU	49490	
	Rebroadcast Consent Licensee certifies that it the licensee of the prima retransmitting the prima	Yes	
Licensee Compliance	Licensee certifies that it Section 74.1232(d), whi of: (1) a commercial prin station whose coverage protected contour of the being broadcast, and (2 and a FM translator stat the greater of either: (a) commercial AM primary 25-mile radius centered commercial primary AM restriction also applies t interest in, or any conne primary AM station.	Yes	
	Section 74.1232(e) which station whose coverage protected contour of the being rebroadcast, and dBu contour exceeds the contour of the commerce broadcast, or (b) a 25-m site of the commercial p rebroadcast, from receive technical assistance), b directly or indirectly, from	is in compliance with 47 C.F.R. ch prohibits: (1) a FM translator contour extends beyond the commercial FM primary station (2) a FM translator station whose 60 are greater of: (a) the 2 mV/m daytime cial AM primary station being hile radius centered at the transmitter primary AM station being ving support (except for specified efore, during, or after construction, m the primary station, or any person erest in, or any connection with, the	N/A
Environmental Effects	Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled 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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	Kimberly Ott Associate Vice President, Communications
			05/13/2021

Information not provided.

## Attachments