



(REFERENCE COPY - Not for submission)

Renewal of License

File Number: **0000154043** | Submit Date: **11/22/2021** | Call Sign: **K215EQ** | Facility ID: **71998** | FRN: **0006395925** | State: **California** | City: **LOMPOC**
Service: **FX** | Purpose: **Renewal of License** | Status: **Granted** | Status Date: **11/22/2021** | Expiration Date: **12/01/2029** |
Filing Status: **Active**

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
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
CSN INTERNATIONAL	SCOTT	+1 (208)	SCOTT@CSNRADIO.	Private Not-for-Profit
Doing Business As: CSN	SPENCER	733-3133	COM	Educational Institution
INTERNATIONAL	PO Box 391			
	TWIN FALLS,			
	ID 83303			
	United States			

Contact
Representatives
(0)

Information not provided.

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: K215EQ

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): <table><tr><th>Call Sign</th><th>Facility Id</th></tr><tr><td>KAWZ</td><td>8414</td></tr></table>	Call Sign	Facility Id	KAWZ	8414	Yes
	Call Sign	Facility Id				
KAWZ	8414					
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	Yes					
Licensee Compliance	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.	Yes				
	Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(e) which prohibits: (1) a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being rebroadcast, and (2) a FM translator station whose 60 dBu contour exceeds the greater of: (a) the 2 mV/m daytime contour of the commercial AM primary station being broadcast, or (b) a 25-mile radius centered at the transmitter site of the commercial primary AM station being rebroadcast, from receiving support (except for specified technical assistance), before, during, or after construction, directly or indirectly, from the primary station, or any person or entity having any interest in, or any connection with, the primary station.	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	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.	Michael Kestler <i>President</i> 07/27/2021

Attachments

Information not provided.