Approved by OMB (Office of Management and Budget) 3060-0027
September 2014

Federal Communications Commission

# (REFERENCE COPY - Not for submission)
# Minor Modification of a Licensed Facility for FM Translator Application

File Number: **BPFT-20151202CVK** | Submit Date: **12/02/2015** | Lead Call Sign: **K217EM** | Facility ID: **93793**

FRN: **0006395925**

Service: **FM Translator** | Purpose: **Minor Modification** | Status: **Cancelled** | Status Date: **12/29/2015** | Filing Status: **Inactive**

## General Information

| Section | Question | Response |
|---|---|---|
| **Attachments** | 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 |
|---|---|---|---|---|
| **CALVARY CHAPEL OF TWIN FALLS, INC.**<br>**Applicant**<br>Doing Business As: CALVARY CHAPEL OF TWIN FALLS, INC. | PO BOX 391<br>TWIN FALLS, ID 83303<br>United States | +1 (208) 733-3133 | LOISM@CSNRADIO.COM | OTH |

## Contact Representatives (2)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| **LOIS MILLS**<br>*APPLICATION TECHNICIAN* | PO BOX 391<br>TWIN FALLS, ID 83303<br>United States | +1 (208) 733-3133 | LOISM@CSNRADIO.COM | Technical Representative |
| **CARY TEPPER**<br>TEPPER LAW FIRM, LLC | 4900 AUBURN AVENUE, SUITE 100<br>BETHESDA, MD 20814-2632<br>United States | +1 (301) 718-1818 | TEPPERLAW@AOL.COM | Legal Representative |

## Legal Certifications

| Section | Question | Response |
|---|---|---|

| | | |
|---|---|---|
| **Character Issues** | Applicant certifies that neither the applicant nor any party to the application has or had any interest in, or connection with:<br>(a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or<br>(b) any pending broadcast application in which character issues have been raised. | Yes |
| **Adverse Findings** | Applicant certifies that, with respect to the applicant and any 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 |
| **Program Service Certification** | Applicant certifies that it is cognizant of and will comply with its obligations as a Commission licensee to present a program service responsive to the issues of public concern facing the station's community of license and service area. | Yes |
| **Local Public Notice** | Applicant certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580. | Yes |
| **Equal Employment Opportunity (EEO)** | If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this application a Model EEO Program Report. | |
| **Operational Compliance** | Applicant certifies that it is not the licensee or permittee of the commercial primary station being rebroadcast and that neither it nor any parties to the application have any interest in or connection with the commercial primary station being rebroadcast? See 47 C.F.R. Section 74.1232(d). | No |
| | Applicant certifies that the FM translator's (a) 1mV/m coverage contour does not extend beyond the protected contour of the commercial FM primary station to be rebroadcast, or (b) entire 1mV/m coverage contour is contained within the greater of either: (i) the 2 mV/m daytime contour of the commercial AM primary station to be rebroadcast, or (ii) a 25-mile radius centered at the commercial AM primary station's transmitter site. | No |
| **Support Compliance** | The applicant, if for a commercial FM translator station with a coverage contour extending beyond the protected contour of the commercial primary station being rebroadcast, certifies that it has not received any support, before or after constructing, directly or indirectly, from the licensee /permittee of the primary station or any person with an interest in or connection with the licensee or permittee of the primary station, except for technical assistance as provided for under 47 C.F.R. Section 74.1232(e). | No |
| **Rebroadcast Certification** | For applicants proposing translator rebroadcasts that are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted. | No |
| **Financial** | The applicant certifies that sufficient net liquid assets are on hand or that sufficient funds are available from committed sources to construct and operate the requested facilities for three months without revenue. | |
| **Fair Distribution of Service Pursuant to 47 U.S.C. Section 307(b)** | Applicant certifies that the proposed station will provide a first rural (reception) service. | |

| | | |
|---|---|---|
| | Applicant certifies that:<br>(a) it is a Tribal Applicant, as defined in 47 C.F.R. Section 73.7000;<br>(b) the facilities proposed in this Application will provide Tribal Coverage, as defined in 47 C.F.R. Section 73.7000, of Tribal Lands occupied by the applicant Tribe(s);<br>(c) the proposed community of license is located on Tribal Lands, as defined in 47 C.F.R. Section 73.7000; and<br>(d) the proposed facility would be the first local Tribal-owned noncommercial educational transmission service at the proposed community of license | |
| | Applicant certifies that the proposed station will provide a first noncommercial educational aural service to (a) at least 10 percent of the people residing within the station's 60 dBu (1mV/m) service contour and (b) to a minimum of 2,000 people. | |
| | Applicant certifies that the proposed station will provide a second noncommercial educational aural service, or an aggregated first and second noncommercial educational aural service, to (a) at least 10 percent of the people residing within the station's 60 dBu (1 mV/m) service contour and (b) to a minimum of 2,000 people. | |
| **Auction Authorization** | If the application is being submitted to obtain a construction permit for which the applicant was the winning bidder in an auction, then the applicant certifies, pursuant to 47 C.F.R. Section 73.5005(a), that it has attached an exhibit containing the information required by 47 C.F.R. Sections 1.2107(d), 1.2110(i), 1.2112(a) and 1.2112(b), if applicable. | |
| **Tribal Priority – Threshold Qualifications** | Is the Applicant applying for an FM allotment set forth in a Public Notice announcing a Tribal Threshold Qualifications window? | |
| **Petition for Rulemaking /Counterproposal to Add New FM Channel to FM Table of Allotments** | This application is being submitted concurrently with a Petition for Rulemaking or Counterproposal to Amend the FM Table of Allotments (47 C.F.R. Section 73.202) to add a new FM channel allotment. The petitioner/counter-proponent certifies that, if the FM channel allotment requested is allotted, petitioner/counter- proponent will apply to participate in the auction of the channel allotment requested and specified in this application. | |

## Channel and Facility Information

| Section | Question | Response |
|---|---|---|
| **Proposed Community of License** | State | Montana |
| | City | BILLINGS |
| | Channel | 217 |
| | Frequency | 91.3 |
| **Facility Type** | Facility Type | Noncommercial Educational |

## Antenna Location Data

| Section | Question | Response |
|---|---|---|
| **Antenna Structure Registration** | Do you have an FCC Antenna Structure Registration (ASR) Number? | Yes |
| | ASR Number | 1016817 |
| **Coordinates (NAD83)** | Latitude | 45° 45' 33.8" N+ |
| | | |

| | | |
|---|---|---|
| | Longitude | 108° 27' 07.5" W- |
| | Structure Type | |
| | Overall Structure Height | 159 meters |
| | Support Structure Height | |
| | Ground Elevation (AMSL) | 1124 meters |
| **Antenna Data** | Height of Radiation Center Above Ground Level | Horizontal: Vertical:60 meters |
| | Height of Radiation Center Above Mean Sea Level | Horizontal: Vertical:1184 meters |
| | Effective Radiated Power | Horizontal: Vertical: 0.05 kW |

## Antenna Technical Data

| Section | Question | Response |
|---|---|---|
| **Antenna Type** | Antenna Type | Directional |
| **Primary Station** | Call Sign | KAWZ |
| | Facility ID | 8414 |
| | Frequency | 89.9 |
| | Channel | 210 |
| | Service Code | FM |
| | City | TWIN FALLS |
| | State | ID |
| **Delivery Method** | Delivery Method | Satellite |
| | If Other, Please specify: | |
| **Transmitting Antenna** | Manufacturer: | |
| | Model | |

### Directional Antenna Relative Field Value

| Degree | Value | Degree | Value | Degree | Value | Degree | Value |
|---|---|---|---|---|---|---|---|

### Additional Azimuths

| Degree | Value |
|---|---|

## Technical Certifications

| Section | Question | Response |
|---|---|---|
| **Environmental Effect** | 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) | Yes |
| **Proposal Compliance** | Does the applicant certify that the proposal is for a fill-in translator or booster? | |
| | Does the applicant certify that the proposal complies with Sections 74.1204, 74.1205, 74.1232, 74.1234 and 74.1235? | |

| | | |
|---|---|---|
| **Interference** | Does the applicant certify that the proposed facility complies with the engineering requirements of 47 CFR Section 73.807 (a) through (g), 73.825 and 73.827(a)? | |

## 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**<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. | **MICHAEL KESTLER** |

## Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|---|---|---|---|---|
| 1711294_1357586.txt | Applicant | All Purpose | INTERFERENCE ANALYSIS | Done with Virus Scan and/or Conversion |
| 1711294_1357587.txt | Applicant | All Purpose | TV CHANNEL 6 COMPLIANCE | Done with Virus Scan and/or Conversion |
| 1711294_1357588.txt | Applicant | All Purpose | MULTIPLE TRANSLATORS | Done with Virus Scan and/or Conversion |
| 1711294_21072583.pdf | Applicant | All Purpose | Complete Analysis and Waiver Request | Done with Virus Scan and/or Conversion |