

MILLER AND NEELY, P. C.

SUITE 704

6900 WISCONSIN AVENUE

BETHESDA, MD 20815

(301) 986-4160

FAX: (301) 986-4162

JERROLD D. MILLER
JOHN S. NEELY*

*ADMITTED PA AND DC ONLY

April 26, 2007

Federal Communications Commission
Media Bureau
P.O. Box 358190
Pittsburgh, PA 15251-5190

ATTN: Audio Division (AM)

RE: Application for Broadcast License
KTBA(AM) Tuba City, Arizona
FAC: 71794

Dear Madam Secretary:

Transmitted herewith in triplicate on behalf of Western Indian Ministries, Inc., licensee of the above-referenced station, is FCC Form 302-AM, an application for broadcast license to cover Construction Permit File No. BMJP-20011015AGU. The station is operating with automatic program test authority.

The Filing fee for this application is \$585.00. The filing fee code is MMR. Any questions concerning this matter should be addressed to the undersigned.

Sincerely,


John S. Neely

encs.

FOR
FCC
USE
ONLY

FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

SECTION I - APPLICANT FEE INFORMATION

1. PAYOR NAME (Last, First, Middle Initial)

Western Indian Ministries, Inc.

Copy notices and communications to:

MAILING ADDRESS (Line 1) (Maximum 35 characters)
P.O. Box 9090

Miller and Neely, P.C.
Suite 704

MAILING ADDRESS (Line 2) (Maximum 35 characters)

6900 Wisconsin Ave.
Bethesda, MD 20815

CITY
Window Rock

STATE OR COUNTRY (if foreign address)
AZ

ZIP CODE
86515

TELEPHONE NUMBER (include area code)

CALL LETTERS
KTBA

OTHER FCC IDENTIFIER (if applicable)

2. A. Is a fee submitted with this application?

FAC: 71794

☒ Yes ☐ No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section

☐ Governmental Entity

☐ Noncommercial educational licensee

☐ Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)

FEE TYPE CODE		

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

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(B)

0	0	0	1
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(C)

\$

FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION

\$

FOR FCC USE ONLY

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT WESTERN INDIAN MINISTRIES, INC FRN: 0006-1601-13		
MAILING ADDRESS P.O. BOX 9090		
CITY WINDOW ROCK	STATE ARIZONA	ZIP CODE 86515

2. This application is for:

- ☒ Commercial
 ☐ Noncommercial
☐ AM Directional
 ☒ AM Non-Directional

Call letters FAC: 71794 KTBA	Community of License TUBA CITY AZ	Construction Permit File No. BMJP-20011015AGU	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit APR 7 2009
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☒ Yes ☐ No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☒ Yes ☐ No

If No, state exceptions in an Exhibit.

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

☐ Yes ☒ No

If Yes, explain in an Exhibit.

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

☒ Yes ☐ No

☐ Does not apply

If No, explain in an Exhibit.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

Exhibit No.

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

☐ Yes ☒ No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby 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 use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name LAWRENCE HARPER	Signature <i>Laurence Harper</i>	
Title <i>Director of Broadcasting</i>	Date <i>4-23-07</i>	Telephone Number 5053715749

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

SECTION III - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant

WESTERN INDIAN MINISTRIES, INC.

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

1. Facilities authorized in construction permit

Call Sign KTBA	File No. of Construction Permit (If applicable) BMJP-20011015AGU	Frequency (kHz) 760	Hours of Operation UNLIMITED	Power in kilowatts	
				Night 0.06	Day 0.25

2. Station location

State ARIZONA	City or Town TUBA CITY
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3. Transmitter location

State ARIZONA	County COCONINO	City or Town TUBA CITY	Street address (or other identification) nw iscn Arizona & Moenave rd
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4. Main studio location

State ARIZONA	County COCONINO	City or Town TUBA CITY	Street address (or other identification) nw iscn Arizona & Moenave rd
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5. Remote control point location (specify only if authorized directional antenna)

State	County	City or Town	Street address (or other identification)
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6. Has type-approved stereo generating equipment been installed?



Yes



No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?



Yes



No



Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No.

8. Operating constants:

RF common point or antenna current (in amperes) without modulation for night system
1.78RF common point or antenna current (in amperes) without modulation for day system
3.63Measured antenna or common point resistance (in ohms) at operating frequency
Night 19 Day 19Measured antenna or common point reactance (in ohms) at operating frequency
Night -J 198 Day -J198

Antenna indications for directional operation

Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day

Manufacturer and type of antenna monitor:

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator Guyed Tower	Overall height in meters of radiator above base insulator, or above base, if grounded. 61M	Overall height in meters above ground (without obstruction lighting) 62.1	Overall height in meters above ground (include obstruction lighting) 63	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div style="border: 1px solid black; padding: 2px;">Exhibit No.</div>
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Excitation



Series



Shunt

ASRN: 1006019 Day Tower No. 1

1006019 Night Tower No. 1

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 36 ° 07 ' 54 "	West Longitude 111 ° 14 ' 59 "
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

NONE

11. Give reasons for the change in antenna or common point resistance.

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) TIMOTHY C CUTFORTH	Signature (check appropriate box below) <i>Timothy C Cutforth</i>
Address (include ZIP Code) VIR JAMES ENGINEERS 965 S. IRVING STREET DENVER, COLORADO 80219	Date 04/21/2007
	Telephone No. (Include Area Code) 303-937-1900



Technical Director



Registered Professional Engineer



Chief Operator



Technical Consultant



Other (specify)