



Licensing and Management System

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FM Translator Engineering STA Application

Application Submitted

Approved by [OMB \(Office of Management and Budget\) 3060-0386 July 2002](#)

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Your application has been submitted for processing.

- Please pay any **fees** associated with this application.
- Use the assigned **File Number** when referencing this application in the future.
- The progress of this application can be tracked on the **Applications** page.

Application Summary

File Number:

0000211763

Application Purpose:

Engineering STA

Status:

Submitted

Date Submitted:

03/02/2023

Applicant Information

Name:

NEW HAMPSHIRE FAMILY RADIO,
LLC

Title:

Address:

P.O. BOX 2108
CONCORD, NH 03302
United States

Phone:

+1 (603) 225-5521

Email:

cmartinez@nhtalkradio.com

Fees, Waivers, and Exemptions

Exempt from FCC Application Fees?

No

Exempt from FCC Regulatory Fees?

No

Application Type	Fee Code	Fee Amount
Engineering STA	MWB	\$190.00
Total		\$190.00
		Pay Fees

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Technical problems or trouble accessing the system? Submit a help request for assistance (<https://esupport.fcc.gov/request.htm>) or contact (877) 480-3201 or TTY: (717) 338-2824

Federal Communications Commission
45 L Street NE
Washington, DC 20554

Phone: 1-888-225-5322

TTY: 1-888-835-5322

Fax: 1-866-418-0232

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FCC Digital Strategy (<https://www.fcc.gov/digitalstrategy>)

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Plain Writing Act (<https://www.fcc.gov/general/plain-writing-fcc>)

RSS Feeds & Email Updates (<https://www.fcc.gov/general/rss-feeds-and-email-updates-fcc>)

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(REFERENCE COPY - Not for submission)
FM Translator Engineering STA Application

File Number: **0000211763** | Submit Date: **03/02/2023** | Lead Call Sign: **W280EC** | Facility ID: **145612**

FRN: **0014336119**

Service: **FM Translator** | Purpose: **Engineering STA** | Status: **Submitted** | Status Date: **03/02/2023** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
	Is the applicant exempt from FCC regulatory Fees?	No
Waivers	Does this filing request a waiver of the Commission's rule (s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Call Sign	Facility ID	Fee Code	Fee Amount
Engineering STA			MWB	\$190.00
			Total	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NEW HAMPSHIRE FAMILY RADIO, LLC Doing Business As: NEW HAMPSHIRE FAMILY RADIO, LLC	P.O. BOX 2108 CONCORD, NH 03302 United States	+1 (603) 812- 225-5521	cmartinez@nhtalkradio. com	LLC

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
PAUL FELDMAN FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	FELDMAN@FHHLAW. COM	Legal Representative
PETER STOHRER <i>PRESIDENT</i> NEW HAMPSHIRE FAMILY RADIO	P.O. BOX 40 CONCORD, NH 03362 United States	+1 (603) 345- 1470	PSTOHRER@COMCAST. NET	Technical Representative

STA Purpose

Section	Question	Response
STA Purpose	This Special Temporary Authority is requested for use of:	Other antenna system

Channel and Facility Information

Section	Question	Response
Proposed Community of License	State	New Hampshire
	City	CONCORD
	Channel	280
	Frequency	103.9
Facility Type	Facility Type	Commercial

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1034646
Coordinates (NAD83)	Latitude	43° 11' 41.0" N+
	Longitude	071° 33' 18.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	94.5 meters
	Support Structure Height	93.0 meters
	Ground Elevation (AMSL)	91.4 meters
Antenna Data	Height of Radiation Center Above Ground Level	Horizontal:85.3 meters Vertical:85.3 meters
	Height of Radiation Center Above Mean Sea Level	Horizontal:176.70001 meters Vertical:176.70001 meters
	Effective Radiated Power	Horizontal:0.038 kW Vertical: .038 kW

Antenna Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional
Primary Station	Call Sign	
	Facility ID	
	Frequency	
	Channel	
	Service Code	
	City	

	State	
Delivery Method	Delivery Method	Direct-off-air
	If Other, Please specify:	

Directional Antenna Relative Field Value

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.988	90	0.992	180	0.628	270	0.682
10	0.988	100	1.0	190	0.594	280	0.738
20	0.983	110	0.991	200	0.571	290	0.815
30	0.983	120	0.963	210	0.558	300	0.897
40	0.983	130	0.923	220	0.553	310	0.953
50	0.983	140	0.862	230	0.558	320	0.973
60	0.983	150	0.797	240	0.571	330	0.983
70	0.988	160	0.731	250	0.594	340	1.0
80	0.988	170	0.676	260	0.628	350	0.992

Additional Azimuths

Degree	Value
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STA 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)	No

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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Gordon J Humphrey
Sole Member

03/02/2023

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>W280EC - Allocation Study February 2023.pdf</u>	Applicant	STA Purpose		Done with Virus Scan and/or Conversion
<u>W280EC - Radiofrequency Radiation Calculation February 2023.pdf</u>	Applicant	STA Purpose		Done with Virus Scan and/or Conversion
<u>W280EC - STA Exhibit.PDF</u>	Applicant	STA Purpose		Done with Virus Scan and/or Conversion
<u>W280EC - Technical Statement and Minor Change Demonstration February 2023.pdf</u>	Applicant	STA Purpose		Done with Virus Scan and/or Conversion
<u>W280EC - Translator Demonstration February 2023.pdf</u>	Applicant	STA Purpose		Done with Virus Scan and/or Conversion



Commission Registration System (CORES)

Associate Username to FRN
| Manage Existing
FRNs & FRN Financial
Register New FRN | Reset
FRN Password
| Search for FRN

[FCC Registration](#)

[FCC](#) > [FCC Registration](#) > [Manage Existing FRNs](#) > [FRN Financial](#) > [View/Pay](#) > Payment Confirmation

Logged In As: [feldman@fhhlaw.com](#) | [Logout](#)

Online Payment Confirmation

Print

Online Payment Confirmation

Total Amount	\$190.00
Payer FRN	0014336119
Payer Name	New Hampshire Family Radio LLC
Remittance ID	4085077
Treasury Tracking ID	2748UAPR

Thank you for your payment!

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For assistance, please submit a help request at <https://www.fcc.gov/wireless/available-support-services> or call 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET).

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(1) LOCKBOX # 979089	SPECIAL USE ONLY
FCC USE ONLY	

SECTION A – PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) New Hampshire Family Radio LLC	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 190.00
---	---

(4) STREET ADDRESS LINE NO. 1
37 Redington Rd.

(5) STREET ADDRESS LINE NO. 2

(6) CITY Concord	(7) STATE NH	(8) ZIP CODE 3301
----------------------------	------------------------	-----------------------------

(9) DAYTIME TELEPHONE NUMBER (include area code) 6035407309	(10) COUNTRY CODE (if not in U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0014336119	(12) FCC USE ONLY
---------------------------------------	-------------------

**IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(13) APPLICANT NAME
New Hampshire Family Radio LLC

(14) STREET ADDRESS LINE NO.1
37 Redington Rd.

(15) STREET ADDRESS LINE NO. 2

(16) CITY Concord	(17) STATE NH	(18) ZIP CODE 3301
-----------------------------	-------------------------	------------------------------

(19) DAYTIME TELEPHONE NUMBER (include area code) 6035407309	(20) COUNTRY CODE (if not in U.S.A.) US
--	---

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0014336119	(22) FCC USE ONLY
---	-------------------

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE MWB	(25A) QUANTITY 1
--------------------------	---------------------------------------	----------------------------

(26A) FEE DUE FOR (PTC) 190.00	(27A) TOTAL FEE 190.00	FCC USE ONLY
--	----------------------------------	--------------

(28A) FCC CODE 1 145612	(29A) FCC CODE 2 LMS0000211763
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(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
--------------------------	-------------------------	----------------

(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
-------------------------	-----------------	--------------

(28B) FCC CODE 1	(29B) FCC CODE 2
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SECTION D – CERTIFICATION

CERTIFICATION STATEMENT

I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE _____ DATE _____

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

ADVICE REFERENCE GUIDE HOW TO USE FCC FORM 159-REMITTANCE ADVICE

The FCC Form 159, "Remittance Advice," and FCC Form 159-C, (Continuation Sheet) is a multi-purpose form that must accompany any payment to the Federal Communications Commission (e.g., Regulatory Fees, Processing Fees, Auctions, Fines, Forfeitures, Freedom of Information Act (FOIA) Billings, or any other debt due to the FCC). The information on this form is collected to ensure credit for full payment, to ensure you receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996.

Note: Fee Filing Guides can be obtained by calling Forms Distribution -- (202) 418-3676 or 1-800-418-3676, or by calling FCC's fax-on-demand -- (202) 418-0177 from the handset of a fax machine.

Instructions for Completing FCC Form 159 & 159-C

NOTE: All required blocks must be completed or it may result in a delay in processing or the return of your application.

(1) **Lockbox No. #** - Enter the appropriate six-digit P.O. Box Number as found in either the FCC Fee Filing Guide for the service requested, or as specified in the Public Notice.

SECTION A

(2) **Payer Name** - Enter the name of the person or company (i.e., maker of the check) making the payment. If using an individual name, enter the last name, first name, and middle initial. If a company, enter the name used commercially. If paying by credit card, enter the name exactly as it appears on your card.

(3) **Total Amount Paid** - Enter the total amount of your remittance.

(4) **Street Address Line 1** - The street address or post office box number to which correspondence should be sent.

(5) **Street Address Line 2** - This line may be used if further identification of the address is required.

(6) **City** - The name of the city associated with the street address given in (4).

(7) **State** - If the payer has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payer has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** - Enter the payer's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.

(10) **Country Code** - This section is for payers who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information, contact the Mailing Requirements Dept. of the U.S. Postal Service.

(11) **Payer (FRN)** - Enter the payer's ten-digit FCC Registration Number (FRN) assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC webpage (www.fcc.gov.com) or by requesting FCC Form 160 through the FCC forms webpage (www.fcc.gov/formpage.html).

(12) **FCC Use Only**

(You must complete Section A - Block 11: FCC Registration Number)

SECTION B

COMPLETE THIS SECTION IF THE PAYER AND APPLICANT ARE DIFFERENT

(13) **Applicant Name** - Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. **Applicant** includes Licensees, Regulatees or Debtors. If you are using this form to pay for multiple applicants with a single remittance, each applicant must be listed separately using the continuation sheet - Form 159-C. **(If the name is the same as the payer (block 2), it is not necessary to fill out this section. MOVE TO SECTION C.)**

(14) **Street Address Line 1** - The street address or post office box number to which correspondence should be sent.

(15) **Street Address Line 2** - This line may be used if further identification of the address is required.

(16) **City** - The name of the city associated with the street address given in (14).

(17) **State** - If the applicant has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the applicant has a mailing address outside the United States, leave this section blank.

(18) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(19) **Daytime Telephone Number** - Enter the applicant's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.

(20) **Country Code** - This section is for applicants who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information, contact the Mailing Requirements Dept. of the U.S. Postal Service.

(21) **Applicant (FRN)**. Enter the applicant's ten-digit number FRN assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC webpage (www.fcc.gov.com) or by requesting FCC Form 160 through the FCC forms webpage (www.fcc.gov/formpage.html).

(22) **FCC Use Only**

(You must complete Section B - Block 21: FCC Registration Number)

SECTION C

(23) **Call Sign/Other ID** - Enter an applicable call sign or unique FCC identifier, if any, as prescribed by the appropriate FCC Fee Filing Guide or Public Notice.

(24) **Payment Type Code** - Enter the appropriate payment type code for the service you are requesting as found in the appropriate FCC Fee Filing Guide or Public Notice.

(Incorrect or omitted payment type codes may result in your application or filing being returned to you without further processing.) You are allowed to file multiple actions on one FCC Form 159. There are three ways "multiple actions" are defined. The following examples provide instructions on how multiple actions should be filed when using FCC Forms 159 & 159-C:

(i) If a single service allows for a quantity of more than one of the same action, as defined in the appropriate FCC Fee Filing Guide or Public Notice, complete Section C (e.g., if you are filing an ownership report in the mass media services you may pay for both your AM & FM stations using the same payment type code and a quantity of two as long as it can be filed in the same lockbox). Blocks **28 & 29** are only to be completed when required by the Bureau/Office or by Public Notice.

(ii) If you are filing concurrent actions (not the same actions) in the same lockbox, on the same application, refer to the appropriate FCC Fee Filing Guide or Public Notice for specific instructions as to the number of quantities allowed. Complete Section C (e.g., you may file a regulatory fee for a CARS license and Broadcast Auxiliary license or you may file a regulatory fee for a mass media service and a common carrier service on the same FCC Form 159 by using the designated payment type codes, and quantities as defined by the Public Notice). Complete a separate item for each action required. Blocks **28 & 29** are only to be completed when required by the Bureau/Office or by Public Notice.

(iii) If a single Remittance Advice is used to pay for more than one applicant, licensee, regulatee or debtor, for permitted action(s) in the same lockbox, then a Continuation Sheet (159-C) must be completed for each applicant, licensee, regulatee or debtor (e.g., if you are paying for different applicants submitting separate Domestic 214 Applications in the common carrier services, they can all be filed on one FCC Form 159 as long as they are filed in the same lockbox). A separate FCC Form 159 must be completed and submitted for each applicant. Blocks **28 & 29** are only to be completed when required by the Bureau/Office or by Public Notice.

Remember, if any of these additional applications fall into category (i) or (ii) above, you can follow those instructions. Make sure to check the appropriate FCC Fee Filing Guide or Public Notice for any special filing stipulations that may apply.

(25) **Quantity** - Enter the total number of actions required with this submission. Refer to the FCC Fee Filing Guide or Public Notice for information concerning multiple requests.

(26) **FEE Due for (PTC)** - Enter the fee due for the PTC listed in item 24.

(27) **Total Fee** - Enter the total fee due by multiplying Block 25 (Quantity) times Block 26 (Fee Due for PTC).

(28) **FCC Code 1** - This section is used for special filing codes as required by the Bureau/Office or Public Notice. Do not complete this block unless instructed to do so.

(29) **FCC Code 2** - This section is used for special filing codes as required by the Bureau/Office or Public Notice. Do not complete this block unless instructed to do so.

SECTION D

(30) **Certification Statement** - This section must be completed and signed. Failure to do so may delay the processing of your application/filing.

SECTION E

(31) **Credit Card Payment Information** - If remitting payment by credit card, place an "x" in the appropriate block for the credit card being used - MasterCard, Visa, AMEX, or Discover. Enter your credit card number and expiration date (For example: (mm/yyyy)). Sign and date the FCC Form 159 to authorize your credit card payment. (If any area required for credit card approval is incomplete, the application will be returned unprocessed.)

Form 159-C FCC Remittance Advice Continuation Sheet

Use this form for any additional services pertaining to this filing or if you are paying for multiple applicants with a single payment. (See Sections B and C of the instructions to assist you in completing this form). For each additional applicant listed in Section BB of the FCC Form 159-C, you must complete Section BB - Block 21: FCC Registration Number. Each additional applicant must use a separate Form 159-C.

Note: Checks must be denominated in U.S. Currency and deposited in an U.S. financial institution. No checks drawn on a foreign bank will be accepted.

NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995

The solicitation of the personal information requested in this form is authorized by the Communications Act, Sections 8 & 9, and the Debt Collection Improvement Act of 1996. P.L. 104-134. This form will be used primarily to capture information to maintain required accounts receivable, and collect fines and debts due the Commission. As part of the Debt Collection Improvement Act, agencies are authorized to refer specific Taxpayers Identification information which includes Employers Identification Numbers and Social Security Numbers to the Department of Treasury for further investigation and possible enforcement of a statute, rule, regulation or order. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. If information requested on the form is not provided, processing of the application/filing may be delayed or returned without action pursuant to Commission rules.

If you owe a past due debt to the Federal Government, the Taxpayer Identification Number (such as your Social Security Number) and other information you provide may also be disclosed to the Department of the Treasury, Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

We have estimated that each response to this collection of information will take, on average, 30 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually review and complete the form. If you have any comments on this estimate, or on how we can improve the collection of this data to reduce the burden it causes you, please write the Federal Communication Commission, AMD-PERM, Washington, DC 20554, Paperwork Reduction Project (3060-0589). We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATION FORMS TO THIS ADDRESS**.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0589.

This notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e) (3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.