

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Engineering STA</b>  Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. BSTA - 20210311AAB

**Section I - General Information**

1.	Legal Name of the Applicant MINNESOTA PUBLIC RADIO			
	Mailing Address 480 CEDAR STREET			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City ST. PAUL</td> <td style="width:33%; padding: 2px;">State or Country (if foreign address) MN</td> <td style="width:34%; padding: 2px;">Zip Code 55101 -</td> </tr> </table>	City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">FCC Registration No 0002642510</td> <td style="width:33%; padding: 2px;">Call Sign KNSR</td> <td style="width:34%; padding: 2px;">Facility ID Number 42938</td> </tr> </table>	FCC Registration No 0002642510	Call Sign KNSR	Facility ID Number 42938
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2.	Contact Representative (if other than licensee/permittee) MELODIE VIRTUE			
	Firm or Company Name FOSTER GARVEY PC			
	Mailing Address 1000 POTOMAC STREET NW, SUITE 200			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City WASHINGTON</td> <td style="width:33%; padding: 2px;">State or Country (if foreign address) DC</td> <td style="width:34%; padding: 2px;">ZIP Code 20007 -</td> </tr> </table>	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 -
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Telephone Number (include area code) 2022982527	E-Mail Address (if available) MELODIE.VIRTUE@FOSTER.COM			
3.	Purpose: <input checked="" type="radio"/> Engineering STA  <input type="radio"/> Extension of Existing Engineering STA  <input type="radio"/> Legal STA  <input type="radio"/> Extension of Existing Legal STA			
4.	Service: FM			
5.	Community of License: City: COLLEGEVILLE    State: MN			
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)			

**TECHNICAL SPECIFICATIONS**

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

**TECH BOX**

7.0.	STA is requested for use of <input checked="" type="radio"/> Licensed Antenna system with: <input checked="" type="radio"/> Reduced power <input type="radio"/> Reduced hours of operation <input type="radio"/> Required equipment out of service <input type="radio"/> Other variance            [Exhibit 1]
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Antenna system authorized by Construction Permit: -  
Describe requested modes of operation [Exhibit 2]

Other antenna system: (Complete Items 7.1 - 7.11)

7.1. Channel Number:

7.2. Antenna Location Coordinates: (NAD 27)  
Latitude:  
Degrees Minutes Seconds  North  South  
Longitude:  
Degrees Minutes Seconds  West  East

7.3. Antenna Structure Registration Number:  
 Not Applicable  Notification filed with FAA

7.4. Overall Tower Height Above Ground Level: meters

7.5. Height of Radiation Center Above Mean Sea Level: meters(H) meters(V)

7.6. Height of Radiation Center Above Ground Level: meters(H) meters(V)

7.7. Height of Radiation Center Above Average Terrain: meters(H) meters(V)

7.8. Effective Radiated Power: kW(H) kW(V)

7.9. Maximum Effective Radiated Power:  Not Applicable kW(H) kW(V)  
(Beam-Tilt Antenna ONLY)

7.10. Directional Antenna Relative Field Values:  Not applicable (Nondirectional)  
Rotation (Degrees):  No Rotation

Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value
0		10		20		30		40		50	
60		70		80		90		100		110	
120		130		140		150		160		170	
180		190		200		210		220		230	
240		250		260		270		280		290	
300		310		320		330		340		350	
Additional Azimuths											

7.11. **Environmental Protection Act.** The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an **Exhibit is required.**  
  
By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.

Yes  No  
See Explanation in [Exhibit 3]

8. Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.  
[Exhibit 4]

9. Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.  
 Yes  No

I certify that I have prepared Engineering Data on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name	Relationship to Applicant (e.g., Consulting Engineer)	
Signature	Date (mm/dd/yyyy)	
Mailing Address		
City	State or Country (if foreign address)	Zip Code
Telephone Number (No dashes or parentheses, include area code)	E-Mail Address (if available)	

I hereby 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. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing NICK KEREAKOS	Typed or Printed Title of Person Signing SENIOR VICE PRESIDENT
Signature	Date (mm/dd/yyyy) 3/11/2021

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 PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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## Exhibits

### Exhibit 4

**Description:** KNSR STA REQUEST EXPLANATION

APPLICANT REQUESTS SPECIAL TEMPORARY AUTHORITY TO OPERATE FACILITY ID 42938 AT 15% OF IT'S AUTHORIZED POWER DUE TO FIRE DAMAGE TO ITS EQUIPMENT ON MARCH 8, 2021. THE APPLICANT WILL EFFECT REPAIRS AS SOON AS POSSIBLE.

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### Attachment 4

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