

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

### Section I - General Information

1.	Legal Name of the Applicant WHFR		
	Mailing Address 5101 EVERGREEN RD		
	City DEARBORN	State or Country (if foreign address) MI	Zip Code 48128 -
	Telephone Number (include area code) 3138459676		E-Mail Address (if available) WHFR-OM@HFCC.EDU
	FCC Registration No	Call Sign WHFR	Facility ID Number 26945
2.	Contact Representative (if other than licensee/permittee) SUSAN MCGRAW		Firm or Company Name WHFR
	Mailing Address 5101 EVERGREEN RD		
	City DEARBORN	State or Country (if foreign address) MI	ZIP Code 48128 -
	Telephone Number (include area code) 7345164328		E-Mail Address (if available) SCMCGRAW@HFCC.EDU
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: DEARBORN State: MI		
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 type="radio"/> Licensed Antenna system with:
	<input type="radio"/> Reduced power
	<input type="radio"/> Reduced hours of operation
	<input checked="" type="radio"/> Required equipment out of service
	<input type="radio"/> Other variance [Exhibit 1]

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: 207

7.2. Antenna Location Coordinates: (NAD 27)

Latitude:  
Degrees 42 Minutes 19 Seconds 26.1  North  South

Longitude:  
Degrees 83 Minutes 14 Seconds 8.7  West  East

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

7.4. Overall Tower Height Above Ground Level: 250meters

7.5. Height of Radiation Center Above Mean Sea Level: 219 meters(H) meters(V)

7.6. Height of Radiation Center Above Ground Level: 35meters(H) meters(V)

7.7. Height of Radiation Center Above Average Terrain: 30meters(H) meters(V)

7.8. Effective Radiated Power: 0.27 kW(H) kW(V)

7.9. Maximum Effective Radiated Power:  Not Applicable 270 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 JOHN BOMMARITO	Relationship to Applicant (e.g., Consulting Engineer) OPERATIONS MANAGER	
Signature	Date (mm/dd/yyyy) 12/27/2021	
Mailing Address 5101 EVERGREEN RD		
City DEARBORN	State or Country (if foreign address) MI	Zip Code 48128 -
Telephone Number (No dashes or parentheses, include area code) 3133176579	E-Mail Address (if available) WHFR-OM@HFCC.EDU	

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 JOHN M BOMMARITO	Typed or Printed Title of Person Signing JOHN M BOMMARITO	
Signature	Date (mm/dd/yyyy) 12/27/2021	

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**

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