



(DRAFT COPY - Not for submission)

AM Engineering STA Application

File Number: | Submit Date: 03/12/2024 | Lead Call Sign: KAJO | FRN: 0005046875

Service: Full Power AM | Purpose: Engineering STA | Status: Saved | Status Date: 03/12/2024 | Filing Status: Active

General Information

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

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?	
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	KAJO	24822	MVV	\$325.00
			Total	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRANTS PASS BROADCASTING CORPORATION Doing Business As: GRANTS PASS BROADCASTING CORPORATION	888 ROGUE RIVER HIGHWAY GRANTS PASS, OR 97527 United States	+1 (541) 476-6608	kajo@kajo.com	Company

Contact Representatives (3)

Contact Name	Address	Phone	Email	Contact Type
BRIAN J. DIATTE General Manager GRANTS PASS BROADCASTING CORP.	888 Rogue River Highway Grants Pass, OR 97527 United States	+1 (541) 476-6608	BDIATTE@KAJO.COM	General Manager
JESSICA A ROGERS Attorney LUVAAS COBB	777 High Street Suite 300 Eugene, OR 97401 United States	+1 (541) 484-9292	jrogers@luvaascobb.com	Legal Representative

Carl Wilson <i>President</i> Grants Pass Broadcasting Corp.	PO Box 97527 888 Rogue River Highway Grants Pass, OR 97527 United States	+1 (541) 476- 6608	kajo@kajo.com	President
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STA Purpose

Section	Question	Response
STA Purpose	This Special Temporary Authority is requested for use of:	Licensed Antenna System with: Parameters at variance and/or reduced power while maintaining monitor points within licensed limits

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.	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>KAJO_STA_Exhibit.pdf</u>	Applicant	STA Purpose	STA Purpose / Explanation Exhibit	Done with Virus Scan and/or Conversion