

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Engineering STA		FOR COMMISSION USE ONLY FILE NO. BSTA - 20160330APZ
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant AUGUSTANA COLLEGE ASSOCIATION		
	Mailing Address ATTN. BOB PRELOGER 2001 S. SUMMIT AVE		
	City SIOUX FALLS	State or Country (if foreign address) SD	Zip Code 57197 -
	Telephone Number (include area code) 6052745471		E-Mail Address (if available) FCCFILING@MPR.ORG
	FCC Registration No 0011531845	Call Sign KAUR	Facility ID Number 3239
2.	Contact Representative (if other than licensee/permittee) JOHN CRIGLER		Firm or Company Name GARVEY SCHUBERT & BARER
	Mailing Address 1000 POTOMAC STREET NW 5TH FLOOR		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 -
	Telephone Number (include area code) 2022982521		E-Mail Address (if available) JCRIGLER@GSBLAW.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: SIOUX FALLS State: SD		
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] <input type="radio"/> Antenna system authorized by Construction Permit: - Describe requested modes of operation [Exhibit 2] <input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.11)
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7.1.	Channel Number:											
7.2.	Antenna Location Coordinates: (NAD 27)											
	Latitude:											
	Degrees Minutes Seconds <input checked="" type="radio"/> North <input type="radio"/> South											
	Longitude:											
	Degrees Minutes Seconds <input checked="" type="radio"/> West <input type="radio"/> East											
7.3.	Antenna Structure Registration Number:											
	<input type="checkbox"/> Not Applicable <input type="checkbox"/> 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: <input type="checkbox"/> Not Applicable (Beam-Tilt Antenna ONLY)									kW(H)	kW(V)	
7.10.	Directional Antenna Relative Field Values: <input type="checkbox"/> Not applicable (Nondirectional)											
	Rotation (Degrees): <input type="checkbox"/> 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.										<input checked="" type="radio"/> Yes <input type="radio"/> No	
	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.										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.										<input checked="" type="radio"/> Yes <input type="radio"/> 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 VINCENT FUHS	Relationship to Applicant (e.g., Consulting Engineer) ENGINEER	
Signature	Date (mm/dd/yyyy) 3/30/2016	
Mailing Address 2001 S. SUMMIT AVE BOX 737		
City SIOUX FALLS	State or Country (if foreign address) SD	Zip Code 57197 -

Telephone Number (No dashes or parentheses, include area code) 6053360052	E-Mail Address (if available) VFUHS@MPR.ORG
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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 CRIGLER	Typed or Printed Title of Person Signing COUNSEL - GARVEY SCHUBERT BARER
Signature	Date (mm/dd/yyyy) 3/30/2016

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).

Exhibits

Exhibit 4

Description: OPERATE POWER LEVEL AT TEMPORY LOWER LEVEL

THE FM TRANSMITTER BEING USED HAS FAILED AND CAN ONLY OPERATE ALLOWING AN ERP OF 80 WATTS, APPROXIMATELY 25% OF AUTHORIZED POWER. THE MANUFACTURER IS NO LONGER IN BUSINESS AND DUE TO ITS AGE AND PARTS AVAILABILITY, REPLACEMENT IS REQUIRED. A REPLACEMENT TRANSMITTER NEEDS TO BE OBTAINED AND INSTALLED. REPAIRS WILL BE EFFECTED AS SOON AS POSSIBLE.

Attachment 4
