

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0506 (June 2002)	FOR FCC USE ONLY
<b>FCC 302-FM</b>		
<b>APPLICATION FOR FM BROADCAST STATION LICENSE</b>		FOR COMMISSION USE ONLY FILE NO. <b>BLED - 20110915AAK</b>
Read INSTRUCTIONS Before Filling Out Form		

**Section I - General Information**

1.	Legal Name of the Applicant MINNESOTA PUBLIC RADIO		
	Mailing Address 480 CEDAR STREET		
	City ST. PAUL	State or Country (if foreign address) MN	ZIP Code 55101 -
	Telephone Number (include area code) 6512901259	E-Mail Address (if available) FCCFILING@MPR.ORG	
	FCC Registration Number: 0002642510	Call Sign WIRC	Facility Identifier 172758
2.	Contact Representative (if other than Applicant) TODD M STANSBURY	Firm or Company Name WILEY REIN LLP	
	Telephone Number (include area code) 2027194948	E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM	
3.	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)		
4.	Facility Information:		
	a. <input type="radio"/> Commercial	<input checked="" type="radio"/> Noncommercial	
	b. <input type="radio"/> Directional	<input checked="" type="radio"/> Nondirectional	
	c. Community of License:		
	City: ELY	State: MN	
5.	<b>Program Test Authority:</b>		
	<input type="radio"/> Requesting program test authority.		
	<input checked="" type="radio"/> Station operating pursuant to automatic program test authority (47 C.F.R. Section 73.1620(a)(1)).		
6.	<b>Purpose of Application:</b>		
	<input checked="" type="radio"/> Cover construction permit (list most recent construction permit file number -- starts with the prefix BPH, BNPH, BMPH, BPED, BMPED, or BMPED):	BMPED-20090810ABH	
	<input type="radio"/> Modify an authorized license (list license file number -- starts with the prefix BLH, BMLH, BLED, or BMLED):	-	
	<input type="radio"/> Amend a pending application If an amendment, <b>submit as an Exhibit</b> a listing by Section and Question Number the portions of the pending application that are being revised.	[Exhibit 1]	

**NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.**

**Section II - Legal and Financial**

1.	<b>Certification.</b> Applicant certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Applicant further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
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2.	Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 2]
3.	Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
4.	<b>Character Issues.</b> Applicant certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:  a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
5.	<b>Adverse Findings.</b> Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
6.	<b>Anti-Drug Abuse Act Certification.</b> Applicant certifies that neither licensee/permittee 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 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. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing THOMAS J KIGIN	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT
Signature	Date 9/15/2011

### SECTION III - PREPARER'S CERTIFICATION

I certify that I have prepared Section III (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 MICHAEL HENDRICKSON	Relationship to Applicant (e.g., Consulting Engineer) RADIO NETWORK MANAGER	
Signature	Date 9/6/2011	
Mailing Address MINNESOTA PUBLIC RADIO 480 CEDAR ST.		
City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -
Telephone Number (include area code) 6512901328	E-Mail Address (if available) MHENDRICKSON@MPR.ORG	

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).

**Section III - Engineering**

**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**

1.	Channel: 207		
2.	a. Effective Radiated Power:	18.5 kW(H) 18.5 kW(V)	
	b. Maximum Effective Radiated Power: (Beam-Tilt Antenna ONLY) <input checked="" type="checkbox"/> Not Applicable	kW(H) kW(V)	
3.	Transmitter Power Output: 6.5 kW		
4.	Antenna Data		
	Manufacturer	Model	Number of Sections
	ERI	LPX-6C	6
			Spacing Between Sections (wavelength)
			1

**NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.**

**CERTIFICATION**

**All applicants must complete this section.**

5.	<b>Main Studio Location.</b> The main studio location complies with 47 C.F.R. Section 73.1125.	<input type="radio"/> Yes <input checked="" type="radio"/> No See Explanation in [Exhibit 6]
6.	<b>Transmitter Power Output.</b> The operating transmitter power output produces the authorized effective radiated power.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]

**APPLICATIONS FILED TO COVER A CONSTRUCTION PERMIT.**

Only applicants filing this application to cover a construction permit must complete the following section.

**NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.**

7.	<b>Constructed Facility .</b> The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.R. Section 73.1690.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 8]
8.	<b>Special Operating Conditions.</b> The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 9]
	<b>An exhibit may be required.</b> Review the underlying construction permit.	[Exhibit 10]

**APPLICATIONS FILED PURSUANT TO 47 C.F.R. SECTIONS 73.1675(c) or 73.1690(c).**

Only applicants filing this application pursuant to 47 C.F.R. Sections 73.1675(c) or 73.1690(c) must complete the following section.

9.	<b>Changing transmitter power output.</b> Is this application being filed to authorize a change in transmitter power output caused by the replacement of omnidirectional antenna with another omnidirectional antenna or an alteration of the transmission line system? See 47 C.F.R. Sections 73.1690(c)(1) and (c)(10).	<input type="radio"/> Yes <input checked="" type="radio"/> No
10.	<b>Increasing effective radiated power.</b> Is this application being filed to authorize an increase in ERP for a station operating in the nonreserved band (Channels 221-300)? See 47 C.F.R. Sections 73.1690(c)(4), (c)(5) and (c)(7).  If "Yes" to the above, the applicant certifies the following:	<input type="radio"/> Yes <input checked="" type="radio"/> No
	a. <b>Spacing Requirements.</b> The increase in ERP was authorized pursuant to MM Docket 88-375 (Class A stations) OR the facility complies with the spacing requirements of 47 C.F.R. Section 73.207.	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 11]

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## **Exhibits**

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### **Exhibit 6**

**Description:** MAIN STUDIO WAIVER

SPECIAL CONDITION #1 OF THE CONSTRUCTION PERMIT GRANTED A WAIVER OF 47 C.F.R. SECTION 73.1125 TO OPERATE THIS FACILITY AS A SATELLITE OPERATION OF KSJN(FM). APPLICANT NOW INTENDS TO OPERATE THIS FACILITY AS A SATELLITE OPERATION OF KNOW(FM), FACILITY ID #42949, MINNEAPOLIS-ST. PAUL, MN. APPLICANT MINNESOTA PUBLIC RADIO IS THE LICENSEE OF KNOW(FM).

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### **Attachment 6**

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