

Modification of a Full Power AM Station License Application (302-AM)  
Facility ID: | Call Sign:

## General Information

*\* indicates required field*

### Application Description

Description of the application(255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

### Uploaded Attachments

\* Are attachments (other than associated schedules) being filed with this application?

Yes  No [« Clear](#)

Cancel

Modification of a Full Power AM Station License Application (302-AM)  
Facility ID: | Call Sign:

## Fees, Waivers and Exemptions

*\* indicates required field*

 Attachments  Draft Copy

### Fees

\* Is the applicant exempt from FCC application Fees?

Yes  No [« Clear](#)

\* Is the applicant exempt from FCC regulatory Fees?

Yes  No [« Clear](#)

### Waivers

\* Does this filing request a waiver of the Commission's rule(s)?

Yes  No [« Clear](#)

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Facility ID: | Call Sign: `

## Applicant Information

\* indicates required field

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### Applicant Name and Type

\* Applicant Type:

\* Company Name:

### Applicant Information

Attention To:

\* Country:

PO Box:

*Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:

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Facility ID:  Call Sign:

### Contact Representatives

\* Indicates required field

[Attachments](#) [Draft Copy](#)

#### Contact Type

\* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

#### Contact Name

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:

#### Contact Information

Attention To:

\* Country:

PO Box:

*Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:

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Facility ID: | Call Sign:

### Legal Certifications

\* indicates required field

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#### Character Issues

\* Applicant certifies that neither applicant nor any party to the application has or 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.

Yes  No [Clear](#)

#### Adverse Findings

\* 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 by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

Yes  No [Clear](#)

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Modification of a Full Power AM Station License Application (302-AM)

Facility ID: 48726 | Call Sign: WDBO

## Frequency and Facility Information

*\* indicates required field*

### Filing Type

- Select filing type:
- Station Re-License per Method of Moments
  - Direct Measurement of Power
  - Correction of Coordinates
  - Other
  - « Clear

### Proposed Community of License

State: Florida  
City: Orlando

### Facility Information

Frequency: 580 kHz  
Service Type: Main  
\* Facility Type:  Commercial  
 Noncommercial Educational  
Selected Class: B

### Modes/Hour of Operation

- \* Application applies to:
- Daytime
  - Nighttime
  - Critical Hours (Only if different than Daytime)
  - Unlimited (Only if the same facility for Daytime and Nighttime)

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Modification of a Full Power AM Station License Application (302-AM)  
Facility ID: 48726 | Call Sign: WDBO

### Antenna Non-Directional Data - Daytime

\* indicates required field

#### Parameters

\* Nominal Power:  kW

\* Antenna Input Power:  kW

\* RF common point or antenna current without modulation:  Amperes

\* Measured antenna or common point resistance at operating frequency:  Ohms

Provide the geographic coordinates to the nearest tenth of a second.

\* Latitude: DD  MM  SSS  Direction

\* Longitude: DDD  MM  SSS  Direction

\* Excitation:  Series  Other

#### Tower Data

ASRN No.	Overall height of radiator (m)	AGL w/o obstruction lighting (m)	AGL with obstruction lighting (m)	Tower Type
1019249	134.11	<input type="text"/>	<input type="text"/>	Neither

#### Tower Description

Attach as an exhibit, a description of the tower (uniform cross section, guyed, top-loaded, or such) with details, dimensions and information regarding any other antennas mounted on the tower.

Please upload the required attachment.

#### Ground System Description

Attach as an exhibit, a complete description of the ground system.

Please upload the required attachment.

#### Antenna or Common Point Resistance

Attach as an exhibit, reasons for any change in antenna or common point resistance, if applicable.

Please upload the required attachment.

#### Antenna Performance

\* Proof of Performance:  Moment Method  Field Strength  Not Applicable

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Modification of a Full Power AM Station License Application (302-AM)  
Facility ID:      Call Sign:

### Antenna Directional Data - Nighttime

\* Indicates required field

[Attachments](#) [Draft Copy](#)

#### Parameters

\* Nominal Power:  kW

\* Antenna Input Power:  kW

\* RF common point or antenna current without modulation:  Amperes

\* Measured antenna or common point resistance at operating frequency:  Ohms

Provide the geographic coordinates of the center of the directional array to the nearest tenth of a second.

\* Latitude:      DD    MM    S.S    Direction  
          N+ ▾

\* Longitude:    DDD   MM    S.S    Direction  
          W- ▾

\* Excitation:  
 Series  
 Other

\* Antenna Monitor Manufacturer:

\* Antenna Monitor Type:

#### Tower Data

Tower Type	Tower	Antenna monitor current sample or voltage sampler ratio	Antenna monitor phase indication (degree)	ASRN No.	Overall height of radiator (m)	AGL w/o obstruction lighting (m)	AGL with obstruction light (m)
Neither	1	<input type="text"/>	<input type="text"/>	1020490	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neither	2	<input type="text"/>	<input type="text"/>	1019249	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Tower Description

Attach as an exhibit, a description of the towers (uniform cross section, guyed, top-loaded, or such) with details, dimensions and information regarding any other antennas mounted on the tower.

Please upload the required attachment.

#### Ground System Description

Attach as an exhibit, a complete description of the ground system.

Please upload the required attachment.

#### Antenna or Common Point Resistance

Attach as an exhibit, reasons for any change in antenna or common point resistance, if applicable.

Please upload the required attachment.

#### Antenna Performance

\* Proof of Performance:  
 Moment Method  
 Field Strength  
 Not Applicable

\* Explanation of Model:  
 Attach as an exhibit, an engineering statement describing the techniques and software used in the moment method model. Include a complete description of the sampling system and related measurements. If base sampling is specified, an exhibit of the circuit model must be provided. A tower survey certification must also be included unless the station is exempt per Section 73.151(c)(1)(ix). The station must meet all the requirements specified in Section 73.151.

Please upload the required attachment.

\* Description of Sampling System:  
 Current Sampling  
 Voltage Sampling  
 Side Mounted Loop  
 Other

\* Sampling System Certification:  
 Applicant certifies that the sampling system complies with the acceptability criteria of Section 73.68.  
 Yes    No

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Modification of a Full Power AM Station License Application (302-AM)  
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### License Certifications

*\* Indicates required field*

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#### Correcting Coordinates

\* Is this application being filed to correct coordinates, as authorized by 47 CFR Section 73.1690(c)(11)?

Yes  No [Clear](#)

#### Change in License Status

\* Is this application being filed to authorize a change in license status from commercial to non-commercial or from non-commercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?

Yes  No [Clear](#)

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Modification of a Full Power AM Station License Application (302-AM)  
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## Application Summary

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### Please review your application before submitting.

You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

### This application is incomplete or contains errors.

Please use the links under Application Sections to view and correct them.

#### General Information

Application Purpose: Modification of a Full Power AM Station License Application (302-AM)

#### Attachments

You have 3 files that will be submitted with this application.

[View Attachments](#)

#### Fees, Waivers, and Exemptions

Exempt from FCC Application Fees?

Exempt from FCC Regulatory Fees?

#### Applicant Information

Name:

Title:

Address:

Phone:

Email:

#### Contact Representatives

Name:

Title:

Address: United States

Phone:

Email:

[View All Contact Representatives \(2\)](#)

#### Channel and Facility Information

Community of License City:

Community of License State:

Facility Type:

Station Class:

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Modification of a Full Power AM Station License Application (302-AM)  
Facility ID: | Call Sign: \*

## Certification

\* Indicates required field

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### 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 §501 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.

\* Indicates required field

Date: 06/29/2023

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Attachments:  I certify that this application includes all required and relevant attachments.

[Submit Application](#)