

APPLICATION FOR AUTHORIZATION IN THE AUXILIARY
RADIO BROADCAST SERVICES

(Carefully read instructions before filling out form.)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0028), Washington, DC 20503.

For <u>Commission</u> Fee Use Only	FEE NO:	For <u>Applicant</u> Fee Use Only Is a fee submitted with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate reason therefor (check one box): <input type="checkbox"/> Nonfeeable application Fee Exempt (See 47 C.F.R. Section 1.1112) <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Governmental entity
	FEE TYPE:	
	FEE AMT:	
	ID SEQ:	

PREPARE AND FILE AN ORIGINAL AND TWO COPIES

For Commission Use Only
File No. _____

1. Legal Name of Applicant PACIFIC MEDIA CORPORATION	2. Mailing Address 646 Main St		
	City El Centro	State CA	ZIP Code 92243
	Telephone No. (include area code) 619-353-9990		

3. CALL SIGN OF ASSOCIATED BROADCAST STATIONS

AM _____	TV <u>KEYC</u> <u>TV</u>	City/Community of License/Operation	State
Translator _____	FM _____	<u>El Centro</u>	<u>CA</u>
Low Power _____	Booster _____		

4. TYPE OF STATION PROPOSED (Check appropriate boxes)

<input type="checkbox"/> A. Remote Pickup	<input type="checkbox"/> Base	<input type="checkbox"/> Mobile	<input type="checkbox"/> Automatic Relay
<input type="checkbox"/> B. Aural Microwave Station	<input type="checkbox"/> Intercity Relay	<input type="checkbox"/> STL	<input type="checkbox"/> Booster
<input checked="" type="checkbox"/> C. TV Microwave Station	<input type="checkbox"/> STL	<input checked="" type="checkbox"/> TV Relay	<input type="checkbox"/> Pickup
		<input type="checkbox"/> Translator Relay	<input type="checkbox"/> Booster
<input type="checkbox"/> D. Low Power Auxiliary Station			

5. PURPOSE OF APPLICATION (Check appropriate box)

<input checked="" type="checkbox"/> A. New Station	<input type="checkbox"/> B. Modification of existing authorization	<input type="checkbox"/> C. Reinstatement of expired license
<input type="checkbox"/> D. Other (Specify) _____		

6. NATURE OF PROPOSED CHANGES

Call sign of existing station _____ Base Station being modified: No. _____

<input type="checkbox"/> Change Frequency	<input type="checkbox"/> Relocate station	<input type="checkbox"/> Replace equipment
<input type="checkbox"/> Change Antenna System	<input type="checkbox"/> Add base station (No. _____)	<input type="checkbox"/> Other (specify in Exhibit No. _____)
<input type="checkbox"/> Change Power	<input type="checkbox"/> Change Number of Mobiles	

7. FACILITIES REQUESTED (If more space is needed attach as Exhibit No. _____)

A. Frequency(ies) (MHz)/Bandwidth (kHz) and Emission Type	
1. 1301250	/ 25M0F9
2.	/
3.	/
4.	/
5.	/
6.	/

B. Power (watts)	
Transmitter Power Output (TPO):	0.5 w
Antenna Input Power:	0.4 w
Effective Radiated Power (ERP)	
(Remote Pickup and Aural Microwave):	w
Effective Isotropic Radiated Power (EIRP)	
(TV Microwave Stations Only):	13459. w

C. For TV STL, TV Relay and TV Microwave Boosters stations enter path length 39.7 miles; 63.9 km.

8. LOCATION OF TRANSMITTING ANTENNA STRUCTURE (Fixed Station)

A. Number and Street: (or other specific indication) Near intersection of Beal Road and Wilkins Road		
B. City: Niland	C. County: Imperial	D. State: CA
E. COORDINATES		
Latitude: (Degrees, Minutes, Seconds) 33 14 37 NORTH	Longitude: (Degrees, Minutes, Seconds) 115 30 37 WEST	

9. LOCATION OF RECEIVERS (Fixed and Mobile Stations)

A. Number and Street: (or other specific indication) Off I-10, 7.5 miles northeast of Mecca		
B. City: Near Mecca	C. County: Riverside	D. State: CA
E. COORDINATES		
Latitude: (Degrees, Minutes, Seconds) 33 39 26 NORTH	Longitude: (Degrees, Minutes, Seconds) 115 59 05 WEST	
F. Ground Elevation AMSL (Ft.) 1800	G. Height to Center of Receiving Antenna (Ft.) 50	

10. MOBILE SYSTEMS INFORMATION

N/A

A. Mobile Area of Operation: City		State:
B. COORDINATES OF THE CENTER AREA		
Latitude: (Degrees, Minutes, Seconds) NORTH	Longitude: (Degrees, Minutes, Seconds) WEST	
C. Radius of operation from these coordinates Miles: _____ km: _____		
D. Number of Mobile Units Requested: <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-19 <input type="checkbox"/> 20-44 <input type="checkbox"/> 45 or more (specify expected maximum) _____		

11. If any of the circumstances in Instruction 11 apply, attach as Exhibit No. _____ detailed statements.

12. Supply the following transmitting antenna information (Review instructions)

A. Manufacturer: Andrew Model No. P8-122D
Antenna Gain: 47.7 Elevation Angle: 0
Antenna Polarization: H Beamwidth (3db or 1/2 power points): .7

B. Overall height above ground of this antenna: 114 FT
C. Give the ground elevation above mean sea level at the antenna site. -120 FT
D. Elevation above ground of antenna center of radiation: 110 FT
E. Antenna sketch figure 1. Passive reflector information attach as Exhibit No. N/A
F. If this is a directional antenna give azimuth of main lobe: 316.6

13. A. Is the antenna to be mounted on an existing antenna structure? [XX] Yes [] No
If Yes, answer items 13B, C, D and E.
B. Will the antenna increase the height of the existing structure? [] Yes [XX] No
If Yes, by how many feet? FT
C. Name of current licensee using structure: Southern Pacific Transportation
D. Current licensee's radio service: Private and microwave
E. Current licensee's call sign: WHB-830

14. TRANSMITTING EQUIPMENT AUTHORIZATION

A. For remote pickup, low power auxiliary or TV pickup systems, is transmitter type accepted? [] Yes [] No
B. For Aural STL/intercity relay, TV STL, TV relay or microwave booster stations, is transmitter authorized under the type acceptance or notification procedure? [XX] Yes [] No
C. If the answer to either of the above questions (14A or 14B) is "No" give the reason for your response:
[] Equipment is grandfathered (see 47 C.F.R. Sections 74.451(e), 74.655 and 74.851(d))
[] TV Pickup station operating with a peak output power not greater than 250 mW

15. Has the FAA been notified of proposed construction on FAA Form 7460-1? (See 47 C.F.R. Part 17) [] Yes [XX] No
If Yes, give date filed and FAA Regional Office (City).

16. Is there a Local Broadcast Auxiliary Coordinating Committee in the area of operation? [XX] Yes [] No
If Yes, and the Committee has been contacted, give the person(s) contacted and their phone numbers, including area code.

HOWARD FINE
213-467-8900

17. ENVIRONMENTAL STATEMENT (See 47 C.F.R. Section 1.1301 et seq.)

Would a grant of this application be a major action as defined by 47 C.F.R. Section 1.1307(a)?

Yes No

If Yes, attach as Exhibit No. _____ the statement as required by 47 C.F.R. Sections 1.1308 and 1.1311.

18. Describe briefly the primary broadcast-related purpose of the requested authorization, attached as Exhibit No. ENGR

19. For television auxiliary stations, state the anticipated percentage of time for which the station will be used for secondary uses. 0 %
(Secondary uses are transmissions of material at times when the station is not being used to transmit program material to its associated broadcast station.)

20. For television auxiliary licensees, attach as Exhibit No. N/A a list of the total number of existing auxiliary authorizations and indicate the combined percentage of time for which these stations are presently used for secondary uses.

THE APPLICANT hereby 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 license or otherwise, and requests an authorization in accordance with this application. THE APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any application with which it may be in conflict. THE APPLICANT acknowledges that all statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as if set out in full in the application.

CERTIFICATION

I certify that the statements in the application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

(DO NOT SIGN UNTIL ALL EXHIBITS HAVE BEEN PREPARED AND ATTACHED)

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

Signature: Peter G. Sieler
Name Typed: PETER. G. Sieler
Date: August 13 1992

For further information FCC should contact:

Name: PETER G. SIELER

Telephone No.: (619) 353-9990

Check one box for appropriate classification:

- Individual Applicant
- Officer and Member of Corporation
- Member of Partnership
- Official of Government Agency
- Officer of Corporation

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The principal purpose for which the information will be used is to determine if the benefit requested is consistent with the public interest. The staff, consisting variously of attorneys, engineers, and applications examiners, will use the information to determine whether the application should be granted, denied, dismissed, or designated for hearing. If all the information requested is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain this authority.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

NOTE: NOT DRAWN TO SCALE

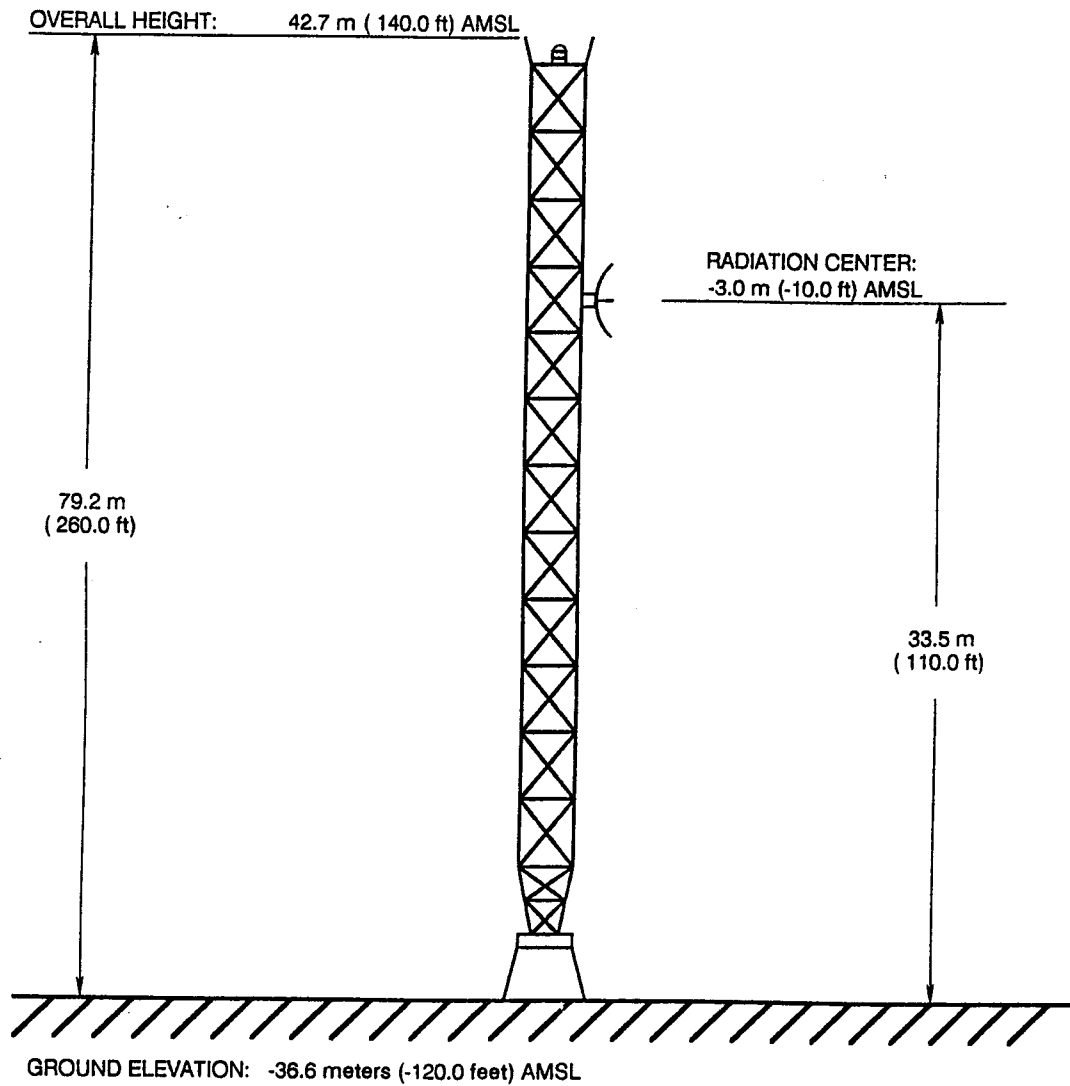


EXHIBIT NO. 1

TV RELAY

NILAND, CA

VERTICAL PLAN SKETCH OF PROPOSED ANTENNA AND SUPPORT STRUCTURE

Pacific Media Corporation
El Centro, California

ENGINEERING STATEMENT

I. INTRODUCTION

This Engineering Exhibit has been prepared on behalf of Pacific Media Corporation, licensee of KECY-TV, El Centro, California.

KECY-TV holds a construction permit under call sign K40DB to operate a TV Translator at Indio, California. At this time K40DB is operating under Special Temporary Authority.

The purpose of the application is to apply for a new TV Relay on 13012.5 MHZ which will be employed as an STL for K40DB.