

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Engineering STA</b>  Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. BSTA - 20090317ABN

**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 No 0002642510	Call Sign K231AT
		Facility ID Number 143179
2.	Contact Representative (if other than licensee/permittee) TODD M STANSBURY	Firm or Company Name WILEY REIN LLP
	Mailing Address 1776 K STREET NW SUITE 500	
	City WASHINGTON	State or Country (if foreign address) DC
		ZIP Code 20006 -
	Telephone Number (include area code) 2027194948	E-Mail Address (if available) TSTANSBURY@WILEYREIN.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: FX	
5.	Community of License: City: PINE CITY State: MN	
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**

7.1.	Channel: 231				
7.2.	Primary Station:				
	Facility Identifier	Call Sign	City	State	Channel
	62162	KCMP	NORTHFIELD	MN	207
7.3.	Delivery Method (Select One): <input checked="" type="radio"/> Off-air <input type="radio"/> Microwave <input type="radio"/> Satellite <input type="radio"/> Via <input type="radio"/> Other				
7.4.	Antenna Location Coordinates: (NAD 27)  Latitude: Degrees 45 Minutes 54 Seconds 7 <input checked="" type="radio"/> North <input type="radio"/> South  Longitude: Degrees 92 Minutes 57 Seconds 25 <input checked="" type="radio"/> West <input type="radio"/> East				

7.5. Antenna Structure Registration Number: 1041442 <input type="checkbox"/> Not Applicable <input type="checkbox"/> Notification filed with FAA											
7.6. Antenna Location Site Elevation Above Mean Sea Level:										299 meters	
7.7. Overall Tower Height Above Ground Level:										389 meters	
7.8. Height of Radiation Center Above Ground Level:										46 meters(H) 46 meters(V)	
7.9. Effective Radiated Power:										0.055 kW(H) 0.055 kW(V)	
7.10. Transmitting Antenna: Before selecting Directional "Off-the-Shelf", refer to "Search for Antenna Information" under CDBS Public Access ( <a href="http://fjallfoss.fcc.gov/prod/cdbforms/pubacc/prod/cdb_pa.htm">http://fjallfoss.fcc.gov/prod/cdbforms/pubacc/prod/cdb_pa.htm</a> ). Make sure that the Standard Pattern is marked Yes and that the relative field values shown match your values. Enter the Manufacturer (Make) and Model exactly as displayed in the Antenna Search. <input checked="" type="radio"/> Nondirectional <input type="radio"/> Directional "Off-the-shelf" <input type="radio"/> Directional composite Manufacturer ERI Model 100-1 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											
8. For FM Boosters and Fill-in translators only. Applicant certifies that the proposal is for a fill-in translator or booster station entirely within the primary station's protected contour.										<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
										See Explanation in [Exhibit 7];	
9. Interference. The proposed facility complies with all of the following applicable rule sections. Check all that apply:										<input checked="" type="radio"/> Yes <input type="radio"/> No	
Overlap Requirements. <input type="checkbox"/> a) 47 C.F.R. Section 74.1204 Exhibit Required.										See Explanation in [Exhibit 8] [Exhibit 9]	
Television Channel 6 Protection. (Ch 201 - 220 only) <input type="checkbox"/> b) 47 C.F.R. Section 74.1205 with respect to station(s) Exhibit Required.										[Exhibit 10]	
10. Environmental Protection Act. Applicant certifies that 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.  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.										<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 11]	
11. 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 12]	
12. 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	Relationship to Applicant (e.g., Consulting Engineer)
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MICHAEL HENDRICKSON		RADIO NETWORK SUPERVISOR	
Signature		Date (mm/dd/yyyy) 3/17/2009	
Mailing Address MINNESOTA PUBLIC RADIO 480 CEDAR STREET			
City ST. PAUL		State or Country (if foreign address) MN	Zip Code 55101 -
Telephone Number (No dashes or parentheses, include area code) 6512901328		E-Mail Address (if available) MHENDRICKSON@MPR.ORG	

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 THOMAS J KIGIN		Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT	
Signature		Date (mm/dd/yyyy) 3/17/2009	

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 11

**Description:** EXH. 11 / RF PROTECTION

THE LICENSEE 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 FIELDS IN EXCESS OF FCC GUIDELINES.

### Attachment 11

### Exhibit 12

**Description:** EXH. 12 / EXPLANATION

TRANSLATOR K231AT HAS BEEN OPERATING BELOW LICENSED POWER SINCE IT RESUMED OPERATION ON 2/20/2009. THE EXISTING EQUIPMENT IS UNABLE TO OPERATE AT THE FULL LICENSED POWER OF 55 WATTS, SO THE FACILITY HAS BEEN OPERATING AT 37 WATTS SINCE 2/20. THE LICENSEE REQUESTS SPECIAL TEMPORARY AUTHORITY TO OPERATE AT REDUCED POWER FOR A PERIOD OF SIX MONTHS WHILE A SOLUTION TO THIS TECHNICAL ISSUE IS SOUGHT.

### Attachment 12