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FILE NO.

**FCC 338  
AM STATION  
MODULATION DEPENDENT CARRIER LEVEL (MDCL)  
NOTIFICATION**

**SECTION I - GENERAL INFORMATION**

1. Legal Name of the Applicant CENTRAL BAPTIST THEOLOGICAL SEMINARY OF MINNEAPOLIS		
Mailing Address 900 FORESTVIEW LN N		
City PLYMOUTH	State or Country (if foreign address) MN	ZIP Code 55441-5934
Telephone Number (include area code) 763-417-8270		E-Mail Address SDAVIS@WCTSRADIO.COM
FCC Registration Number 0009498445	Call Sign	Facility ID Number 12114

2. Contact Representative (if other than licensee/permittee) DAVID J DOHERTY		Firm or Company Name SKYWAVES CONSULTING LLC
Mailing Address PO BOX 4		
City MILLBURY	State or Country (if foreign address) MA	ZIP Code 01527-0004
Telephone Number (include area code) 401-354-2400		E-Mail Address DAVE@SKYWAVES.COM

3. Community of License: City: MAPLEWOOD State: MN

4. Date MDCL Control Operation commenced: 09/19/2018 (mm/dd/yyyy)

5. In the event of interference, questions should be directed to licensee's technical representative:

Name DAN ZIMMERMAN	Telephone Number (include area code, omit dashes) 612-581-9893
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**6. Technical Data:**

Transmitter Manufacturer: NAUTEL

Transmitter Model: NX50

MDCL Control Technology Used: ACC ☐ AMC ☒ DAM ☐

DCC ☐ Other (Specify): \_\_\_\_\_

7. **Anti-Drug Abuse Act Certification.** Licensee certifies that neither licensee 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.

☒ Yes ☐ No

8. Licensee certifies that its MDCL operation will not cause human exposure to radio frequency radiation in excess of the limits for maximum permissible exposure specified in Section 1.1310 of the Commission's rules, and it is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) of the Commission's rules.

☒ Yes ☐ No

If No, licensee must submit an environmental assessment (EA) and may not commence MDCL operation until the EA is acted upon by the Commission.

Exhibit No.

#### CERTIFICATION

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 STEVE DAVIS	Typed or Printed Title of Person Signing GENERAL MANAGER
Signature <i>Steve Davis</i>	Date <i>9/20/18</i>

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