

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 303-S</p>	Approved by OMB 3060-0110 (March 2011) FOR FCC USE ONLY
<p>APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE</p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. BRED - 20130731AAN

Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS

1.	Legal Name of the Licensee SANTA MONICA COMMUNITY COLLEGE DISTRICT Mailing Address 1900 PICO BLVD. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City SANTA MONICA</td> <td style="width:30%;">State or Country (if foreign address) CA</td> <td style="width:30%;">ZIP Code 90405 - 1628</td> </tr> <tr> <td>Telephone Number (include area code) 3104505183</td> <td colspan="2">E-Mail Address (if available)</td> </tr> <tr> <td>FCC Registration Number: 0008615551</td> <td>Facility ID Number 59087</td> <td>Call Sign KCRI</td> </tr> </table>	City SANTA MONICA	State or Country (if foreign address) CA	ZIP Code 90405 - 1628	Telephone Number (include area code) 3104505183	E-Mail Address (if available)		FCC Registration Number: 0008615551	Facility ID Number 59087	Call Sign KCRI
City SANTA MONICA	State or Country (if foreign address) CA	ZIP Code 90405 - 1628								
Telephone Number (include area code) 3104505183	E-Mail Address (if available)									
FCC Registration Number: 0008615551	Facility ID Number 59087	Call Sign KCRI								
2.	Contact Representative LEWIS J. PAPER, ESQ. Mailing Address 2300 N STREET, NW <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City WASHINGTON</td> <td style="width:30%;">State or Country (if foreign address) DC</td> <td style="width:30%;">Zip Code 20037 - 1122</td> </tr> <tr> <td>Telephone Number (include area code) 2026638184</td> <td colspan="2">E-Mail Address (if available) LEW.PAPER@PILLSBURYLAW.COM</td> </tr> </table>	City WASHINGTON	State or Country (if foreign address) DC	Zip Code 20037 - 1122	Telephone Number (include area code) 2026638184	E-Mail Address (if available) LEW.PAPER@PILLSBURYLAW.COM				
City WASHINGTON	State or Country (if foreign address) DC	Zip Code 20037 - 1122								
Telephone Number (include area code) 2026638184	E-Mail Address (if available) LEW.PAPER@PILLSBURYLAW.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 checked="" type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)									
4.	Purpose of Application <input checked="" type="radio"/> Renewal of license <input type="radio"/> Amendment to pending renewal application If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the [Exhibit 1] pending application that are being revised.									
5.	Facility Information: <input type="radio"/> Commercial <input checked="" type="radio"/> Noncommercial Educational									
6.	Service and Community of License a. <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> FM Translator <input type="radio"/> LPFM <input type="radio"/> TV Translator <input type="radio"/> Low Power TV <input type="radio"/> Class A TV <input type="radio"/> Digital TV <input type="radio"/> Digital Translator or Digital LPTV <input type="radio"/> Digital Class A TV <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Community of License /Area to be Served</td> </tr> <tr> <td style="width:50%;">City: INDIO</td> <td style="width:50%;">State : CA</td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), LPTV station(s), in addition to the station listed in Section I question 1? (The callsign(s) of any associated FM translators, TV translators or LPTV stations will be requested in Section V). <input checked="" type="radio"/> Yes <input type="radio"/> No	Community of License /Area to be Served		City: INDIO	State : CA					
Community of License /Area to be Served										
City: INDIO	State : CA									

7. Other Authorizations. List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested.	[Exhibit 2]	<input checked="" type="checkbox"/> N/A
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NOTE: In addition to the information called for in Sections II, III, IV and V, an explanatory exhibit providing full particulars must be submitted for each item for which a "No" response is provided.

Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS

1.	Certification. Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee 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
2.	Character Issues. Licensee certifies that the neither the licensee 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	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
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]
3.	Adverse Findings. Licensee certifies that, with respect to the licensee and each 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 laws 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]
4.	FCC Violations during the Preceding License Term. Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
5.	Alien Ownership and Control. Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
6.	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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Non-Discriminatory Advertising Sales Agreements. Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain nondiscrimination clauses. Noncommercial licensees should select "not applicable."	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 8]

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.)

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Typed or Printed Name of Person Signing RANDAL LAWSON	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT
Signature	Date 07/31/2013

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 - TO BE COMPLETED BY AM and FM LICENSEES ONLY

1.	Biennial Ownership Report: Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission as required by 47 C.F.R. Section 73.3615.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 9]
2.	EEO Program: Licensee certifies that:	
	a. The station's Broadcast EEO Program Report (FCC Form 396) has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1). Specify FCC Form 396 File Number : B396 - 20130731AAK	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 10]
	b. The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 11]
3.	Local Public File. Licensee certifies that the documentation, required by 47 C.F.R. Section 73.3526 or 73.3527, as applicable, has been placed in the station's public inspection file at the appropriate times.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 12]
4.	Adherence to Minimum Operating Schedule. Licensee certifies that, during the preceding license term, the station has not been silent (or operating for less than its prescribed minimum operating hours) for any period of more than 30 days. If No, submit an Exhibit specifying the exact dates in the preceding license term on which the station was silent or operating for less than its prescribed minimum hours.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 13]
5.	Discontinued Operations. Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 14]
6.	Silent Station Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Environmental Effects. Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments. By checking "Yes" above, the licensee 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 radio frequency electromagnetic exposure in excess of FCC guidelines.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 15]
8.	Radio/Newspaper Cross-Ownership. Licensee certifies that neither the applicant nor any party to this application has an attributable interest in a newspaper which: (1) is published four or more days per week, (2) is in the dominant language in the market, and (3) is published in a	

community entirely encompassed by:	
a. the 1 mV/m contour of one of the FM station(s)?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
b. the 2 mV/m contour of one of the AM station(s)?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If No to either Question 8.a or 8.b, has the Commission made a finding pursuant to Section 310 (d) of the Communications Act that the newspaper/broadcast combination is in the public interest?	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 16]

Section V - TO BE COMPLETED BY FM AND TV TRANSLATOR AND LOW POWER TV LICENSEES ONLY

1. and 2. [Station Info and Status]			
Low Power Applicants: Answer Question 2a only.			
1. Station Information:			
Call Sign	Facility Identifier	Area Licensed to Serve	
K209CN	76970	City:GORMAN	State:CA
2. Operational Status:			
a. Silent Station: Licensee certifies that the station is currently on the air.	<input checked="" type="radio"/> Yes <input type="radio"/> No		
b. Rebroadcast Status: Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, TV or LPTV station.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
If Yes, identify the station being broadcast:			
Call Sign	Facility Identifier	Area Licensed to Serve	
KCRI	59087	City:INDIO	State:CA
c. Rebroadcast Consent: Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		
1. Station Information:			
Call Sign	Facility Identifier	Area Licensed to Serve	
K214CR	83662	City:TWENTYNINE PALMS	State:CA
2. Operational Status:			
a. Silent Station: Licensee certifies that the station is currently on the air.	<input checked="" type="radio"/> Yes <input type="radio"/> No		
b. Rebroadcast Status: Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, TV or LPTV station.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
If Yes, identify the station being broadcast:			
Call Sign	Facility Identifier	Area Licensed to Serve	
KCRI	59087	City:INDIO	State:CA
c. Rebroadcast Consent: Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		

programming.

1. **Station Information:**

Call Sign	Facility Identifier	Area Licensed to Serve	
K215BA	59090	City:BEAUMONT	State:CA

2. **Operational Status:**

a. Silent Station: Licensee certifies that the station is currently on the air.	<input checked="" type="radio"/> Yes <input type="radio"/> No								
b. Rebroadcast Status: Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, TV or LPTV station.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A								
If Yes, identify the station being broadcast:									
<table border="1"> <tr> <td>Call Sign</td> <td>Facility Identifier</td> <td colspan="2">Area Licensed to Serve</td> </tr> <tr> <td>KCRI</td> <td>59087</td> <td>City:INDIO</td> <td>State:CA</td> </tr> </table>		Call Sign	Facility Identifier	Area Licensed to Serve		KCRI	59087	City:INDIO	State:CA
Call Sign	Facility Identifier	Area Licensed to Serve							
KCRI	59087	City:INDIO	State:CA						
c. Rebroadcast Consent: Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A								

1. **Station Information:**

Call Sign	Facility Identifier	Area Licensed to Serve	
K225BA	141934	City:BORREGO SPRINGS	State:CA

2. **Operational Status:**

a. Silent Station: Licensee certifies that the station is currently on the air.	<input checked="" type="radio"/> Yes <input type="radio"/> No								
b. Rebroadcast Status: Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, TV or LPTV station.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A								
If Yes, identify the station being broadcast:									
<table border="1"> <tr> <td>Call Sign</td> <td>Facility Identifier</td> <td colspan="2">Area Licensed to Serve</td> </tr> <tr> <td>KCRI</td> <td>59087</td> <td>City:INDIO</td> <td>State:CA</td> </tr> </table>		Call Sign	Facility Identifier	Area Licensed to Serve		KCRI	59087	City:INDIO	State:CA
Call Sign	Facility Identifier	Area Licensed to Serve							
KCRI	59087	City:INDIO	State:CA						
c. Rebroadcast Consent: Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A								

Additional Translator Info [Exhibit 33]

3. **For FM Translator Applicants Only:**

a. Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(d), which: (1) prohibits the common ownership of a commercial primary FM station and a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being broadcast, and (2) requires that the FM translator's entire 60 dBu contour is contained within the lesser of: (a) the 2 mV/m daytime contour of the AM primary station being rebroadcast, or (b) a 25-mile radius centered at the AM primary station's transmitter site. (With regard to (1), this restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 34]
b. Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(e) which	<input type="radio"/> Yes <input type="radio"/> No

	<p>prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station.</p>	<p><input checked="" type="radio"/> N/A</p> <p>See Explanation in [Exhibit 35]</p>
<p>4.</p>	<p>For Low Power TV Applicants Only: Licensee certifies that it has filed with the Commission, the station's Broadcast EEO Program Report (FCC Form 396) and has posted the most recent Public File report on the station's website, if required by 47 C.F.R. Section 73.2080(f)(1).</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p>See Explanation in [Exhibit 36]</p>
<p>5.</p>	<p>Environmental Effects. Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments.</p> <p>By checking "Yes" above, the licensee 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 radio frequency electromagnetic exposure in excess of FCC guidelines.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 37]</p>

Exhibits

Exhibit 15

Description: ENVIRONMENTAL EFFECTS

ALL CHANGES IN THE LICENSEE'S TECHNICAL FACILITIES SINCE THE GRANT OF THE STATION'S LAST RENEWAL APPLICATION HAVE BEEN APPROVED BY THE COMMISSION.

Attachment 15