

1608084093261001

AUG 08 2016
US BANK/FCC

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
FORM 159

Approved by OMB
3060-0589
Page No. 1 of 2

(1) LOCKBOX # 979093	SPECIAL USE ONLY
	FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) World Christian Broadcasting	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$180.00
(4) STREET ADDRESS LINE NO. 1 605 Bradley Ct	
(5) STREET ADDRESS LINE NO. 2	
(6) CITY Franklin	(7) STATE TN
	(8) ZIP CODE 37067
(9) DAYTIME TELEPHONE NUMBER (include area code) 6153718707	(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0004958658	(12) FCC USE ONLY
---------------------------------------	-------------------

IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(13) APPLICANT NAME World Christian Broadcasting	
(14) STREET ADDRESS LINE NO. 1 605 Bradley Ct	
(15) STREET ADDRESS LINE NO. 2	
(16) CITY Franklin	(17) STATE TN
	(18) ZIP CODE 37067
(19) DAYTIME TELEPHONE NUMBER (include area code) 6153708707	(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0004958658	(22) FCC USE ONLY
---	-------------------

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID KNLS	(24A) PAYMENT TYPE CODE MFN ✓	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) \$180.00 ✓	(27A) TOTAL FEE \$180.00 ✓	FCC USE ONLY
(28A) FCC CODE 1	(29A) FCC CODE 2	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT
I, Kevin Chambers, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief

SIGNATURE Kevin Chambers DATE 7/20/16

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described

SIGNATURE _____ DATE _____

FOCUS BANK

JUL 25 2016



FCC Batch Control Sheet

Batch Type (circle one):

Checks - 01

Credit Card - 03

Wires - 04

PO Box:

979093

Proc Date:

'AUG 08 2016

Batch Num:

261

Yesterday: All wire FCN's are date yesterday
Today: All Credit Card FCN's are dated today
Tomorrow: All Check FCN's are dated tomorrow

Note: FCN's on check batches processed on Friday's will have Monday's date unless Monday is a holiday then Tuesday's date is used.
FCN's for wire batches processed on Monday will have Friday's. All date stamps for wires will also be yesterday's date.

Begin Items:

1

Manual count of Forms

Begin \$ Total:

180.00

Total from Lister tape

End Items:

1

Total from Batch Processing Screen

End \$ Total:

180.00

Total from Batch Processing Screen

Processor:

MH

Management Review:

CS

Box Number, FCN, Additional Paperwork and/or photograph process should be verified.

Scanner:

DN

Balancer:

MH

MailOut:

MH

000.....	0.00	*
001.....	180.00	+
000.....	180.00	*
	0.00	*

SECTION I UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR RENEWAL OF AN INTERNATIONAL, OR EXPERIMENTAL BROADCAST STATION LICENSE	File No.		
	1. Name of applicant (See Instruction D) World Christian Broadcasting Corp FRN #0004-9586-58		
APPLICANT SHOULD NOT USE THIS BOX	Street Address 605 Bradley Court		
	City Franklin	State TN	ZIP Code 37067
	Telephone (include Area Code) 615-371-8707		
INSTRUCTIONS A. This form is to be used in all cases when applying for Renewal of an International or Experimental Broadcast Station License. This form consists of this part, Section I, and Section VI. B. Prepare an original and two copies of this form and all exhibits with the Federal Communications Commission, Washington, D.C. 20554. C. Number exhibits serially in the space provided in the body of the form and list each exhibit in the space provided on page 3 of this form. Date each exhibit. D. The name of the applicant must be stated exactly as it appears on the current license. E. Information called for by this application which is already on file with the Commission need not be refiled in this application provided (1) the information is now on file in another application or FCC form filed by or on behalf of this applicant; (2) the information is identified fully by reference to the file number (if any), the FCC form number, and the filing date of the application or other form containing the information and the page or paragraph referred to, and (3) after making the reference, the applicant states: "No change since date of filing." Any such reference will be considered to incorporate into this application all information, confidential or otherwise, contained in the application or other form referred to. The incorporated application or other form will thereafter, in its entirety, be open to the public. F. This application shall be personally signed by the applicant, if the applicant is an individual; by one of the partners, if the applicant is a partnership; by an officer, if the applicant is a corporation; by a member who is an officer, if the applicant is an unincorporated association; by such duly elected or appointed officials as may be competent to do so under the laws of the applicable jurisdiction, if the applicant is an eligible governmental entity; or by the applicant's attorney in case of the applicant's physical disability or of her/his absence from the United States. The attorney shall, in the event she/he signs for the applicant, separately set forth the reason why the application is not signed by the applicant. In addition, if any matter is stated on the basis of the attorney's belief only (rather than knowledge) she/he shall separately set forth her/his reasons for believing that such statements are true. G. BE SURE ALL NECESSARY INFORMATION IS FURNISHED AND ALL PARAGRAPHS ARE FULLY ANSWERED. IF ANY PORTIONS OF THE APPLICATION ARE NOT APPLICABLE, SPECIFICALLY SO STATE. DEFECTIVE OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION.	2. Name and address of person to whom communications should be sent, if different from item 1		
	Name Charles H. Caudill, President/CEO		
	Street Address 605 Bradley Court		
	City Franklin	State TN	ZIP Code 37067
	Telephone (include Area Code) 615-371-8707		
	3. Renewal requested for following facilities		
	Type of station (See instructions) International HF Shortwave	Call KNLS	
	Transmitter Location 3.8 miles Southeast of Anchor Point, Alaska; North Latitude 59-44-58; West Longitude 151-43-56		
	Frequency See Footnote (1)	Antenna input power 100 KW	
	Hours of Operation Unlimited		
4. When reference is made to information filed in prior application (see instruction E), give proper reference:			
Paragraph No.	File or Form No.	Date Filed	
N/A			
Have there been any substantial changes in the information incorporated in this application by reference in this paragraph? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(1) As specified by frequency-hour authorizations issued periodically by the FCC.			

SECTION I

	(X yes or no)	Yes	No
5. Is applicant, or any person directly or indirectly controlling applicant, party to a suit in any Federal Court involving the monopolizing, or an attempt to monopolize radio communication directly or indirectly through control of the manufacture or sale of radio apparatus, by exclusive traffic arrangement or by any other means, or of using unfair methods of competition? (If "Yes", attach as EXHIBIT _____ a full description of the proceeding, identifying the court and showing where records of the proceeding may be obtained. See Sec. 313 of the Communications Act of 1934.)			X
6. Have there been any changes in ownership since the filing of the last application for construction permit or renewal of license, or in the case of an International Station, is the information shown in applicant's Ownership Reports, now on file with the Commission, true and correct as of this date? (If "No", attach as EXHIBIT _____ an Ownership Report supplying full information to bring such data up to date.)			X
7. Has there been any change in the citizenship of the applicant?			X
8. Is the applicant a representative of an alien or foreign government?			X
9. Are there any documents, instruments, contracts or understandings relating to ownership, management, use or control of the station or facilities, _____ y right or interest therein? (If "Yes", attach as EXHIBIT _____ 1 _____ copies of all such documents, instruments or contracts and state the substance of oral contracts or understandings.)		X	
10. Attach as EXHIBIT _____ a complete report of experimentation conducted during the present license period including therein the number of hours of operation, full data on research and experimentation conducted including the type of transmitting and studio (if any) equipment used and their mode of operation, data on expense of research and operation during the period covered, data on any measurements, tests, or observations conducted and description of the apparatus employed, estimated degree of public participation (solicited or unsolicited), complete details of any reported interference and steps taken to eliminate such interference, conclusions, tentative and final, program for further research experimentation requiring additional time and estimate of additional time required to complete the experimentation and terminate operation, and full details of developments and major changes in equipment. (Not required of International Broadcast Stations.)			

N/A

11. In what respect, if any, does the apparatus, antenna, or operation differ from that described in the last application for license or renewal of license?

No Changes

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. (See Section 304 of the Communications Act of 1934).

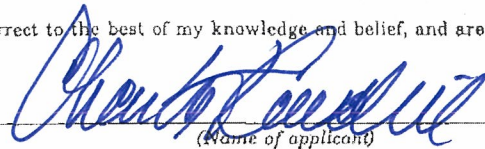
THE APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

THE APPLICANT acknowledges that all the 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 this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signed and dated this 1 day of August, 2016



(Name of applicant)

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

Signed by Charles H. Caudill

Title President/CEO

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to p1a@fcc.gov or send them to the Federal Communications Commission, AMD-PER, Paperwork Reduction Project (3860-1035), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1035.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

SECTION I

EXHIBITS furnished as required by this form:

Exhibit No.	Paragraph Number requiring Exhibit	Name of officer or employee (1) by whom or (2) under whose direction exhibit was prepared (show which)	Official title
1	Question 9	Charles H. Caudill	President/CEO

FEDERAL COMMUNICATIONS COMMISSION		SECTION VI
EQUAL EMPLOYMENT OPPORTUNITY	NAME OF APPLICANT	
CALL SIGN KNLS	CITY AND STATE WHICH STATION IS LICENSED TO SERVE Anchor Point Alaska	

INSTRUCTIONS TO SECTION VI

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, religion, national origin or sex. See Section 73.2080 of the Commission's Rules. Pursuant to these requirements, a license renewal applicant who employs five or more full-time station employees must file a program designed to assure equal employment opportunity for women and minority groups (that is, Blacks not of Hispanic origin, Asians or Pacific Islanders, American Indians or Alaskan Natives, and Hispanics). If minority group representation in the available labor force is less than five percent (in the aggregate), a program for minority group members need not be filed. However, a program must be filed for women since they comprise a significant percentage of virtually all area labor forces. If an applicant employs fewer than five full-time employees, no EEO program for women or minorities need be filed.

NOTE: Check appropriate box, sign the certification below, and return to the FCC:

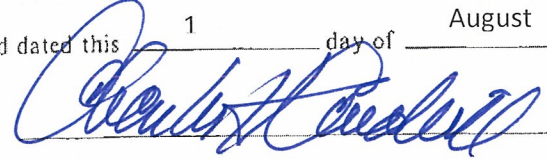
- Station employs fewer than 5 full-time employees; therefore no written program is being submitted.
- Station employs 5 or more full-time employees. Our 10-point program is attached; (FCC Form 396).

World Christian Broadcasting given notification in October, 2014 that filing of FCC Form 396 not required based on International Shortwave Broadcast status.

CERTIFICATION

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

Signed and dated this 1 day of August, 2016

Signature: 

Title: President/CEO

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

WORK CHRISTIAN
BROADCASTING CORPORATION
605 Bradley Court
FRANKLIN TN
37067-8200

JUL 25 2016

9093

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Re: FRN 000495865
Call Sign/ID _____
FCC Code #1 _____
FCC Code #2 _____

Dear FCC Customer:

Re: Return of Unprocessable Application

This is to notify you that your application package is being returned for the following reasons:

- () No application/filing accompanied your submission.
- () No remittance accompanied your submission. Please refer to the appropriate Fee Filing Guide
- () The remittance for payment type code _____ is now \$ _____.
- () Your check is not acceptable for this reason _____.
- () Multiple checks for a single application are not accepted, please send one check for \$ _____.
- () No remittance advice (FCC Form 159) accompanied your submission.
- () The payment type code is needed.
- () The remittance advice form (FCC Form 159) is incomplete.
- () The credit card section of FCC Form 159 Remittance Advice needs _____ Expiration date _____ Signature.
- () Block 3 must be completed (please enter \$ _____) to authorize a credit charge, only the credit card holder can complete this item.
- () Your credit card was denied by Authorizations; please confirm or correct card number.
- () Your credit card was declined; if any question, please contact bank that issued card.
- () The FCC Form 159, Remittance Advice, used is obsolete. Please use the July 2005 edition. See enclosed Public Notice for further information.
- () The Payer/Applicant FCC Registration Number (FRN) is missing from the Form 159. This number is required in order to process your filing. See enclosed News Release for further assistance.
- () **Payment for your electronically filed application cannot be processed without the confirmation number in the FCC Code 2 block of the FCC Form 159. Payment must be received within 10 business days from the receipt date of your electronically filed application to avoid dismissal. If payment is not received within 10 days, you must file another electronically filed application, properly complete a FCC Form 159, which includes the required confirmation number, and send another payment.**

(X) Other. *Please RETURN ALL FORMS ALONG WITH FORM 911 COMPLETED AND SIGNED.*

Please refer to the enclosed Fee Filing Guide for further instructions, and mail your corrected application, remittance advice form and payment to the appropriate P.O. Box in St. Louis, MO.

If you have further questions, please contact the FCC at 202-418-1995.

Sincerely,
FCC Financial Operations

Enclosures:
Filing Guide _____
Check/Credit Card(s) # _____ \$ _____
FCC Form(s) _____ Rec'd in P.O. Box # _____

Inclused BACK

White - Applicant Yellow - Bank Pink - F. C. O.

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		FCC USE ONLY	
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(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) World Christian Broadcasting		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$180.00	
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FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0004958658		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KNLS	(24A) PAYMENT TYPE CODE MFN	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$180.00	(27A) TOTAL FEE \$180.00	FCC USE ONLY	
(28A) FCC CODE 1		(29A) FCC CODE 2	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY	
(28B) FCC CODE 1		(29B) FCC CODE 2	
SECTION D - CERTIFICATION			
CERTIFICATION STATEMENT I, <u>Kevin Chambers</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.			
SIGNATURE <u>Kevin Chambers</u>		DATE <u>7/20/16</u>	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____			
ACCOUNT NUMBER _____		EXPIRATION DATE _____	
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described			
SIGNATURE _____		DATE _____	

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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID KNLS	(24A) PAYMENT TYPE CODE MFN	(25A) QUANTITY 1	
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SIGNATURE <u>Kevin Chambers</u>		DATE <u>7/20/16</u>	
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ACCOUNT NUMBER _____		EXPIRATION DATE _____	
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.			
SIGNATURE _____		DATE _____	