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# Anti-Drug Abuse Act Certification

All requests for [Special Temporary Authority](#) ([/media/radio/special-temporary-authority](#)) and other non-application-form (e.g., letter) requests must include the Anti-Drug Abuse Act Certification set forth below. The certification may be included in the request itself or attached to the request (you may print and use this page as an attachment). It must be signed by an officer of the corporation or organization.

Answer YES if all parties to the application are in compliance with Section 5301 of the *Anti-Drug Abuse Act of 1988*, 21 U.S.C. Section 862, the federal law which provides federal and state court judges the discretion to deny federal benefits to individuals convicted of offenses consisting of the distribution of controlled substances. For a definition of "party" for these purposes, see [47 C.F.R. Section 1.2002\(b\)](#) ([http://www.ecfr.gov/cgi-bin/retrieveECFR?ty=HTML&h=L&n=pt47.1.1&r=PART#se47.1.1\\_12002](http://www.ecfr.gov/cgi-bin/retrieveECFR?ty=HTML&h=L&n=pt47.1.1&r=PART#se47.1.1_12002)). See also *Amendment of Part 1 of the Commission's Rules to Implement Section 5301 of the Anti-Drug Abuse Act of 1988*, 6 FCC Rcd 7551, 57 Fed. Reg. 00186 (1991).

  X   YES      NO           

By checking yes, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a party for these purposes, see 47 C.F.R. Section 1.2002(b).

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

Hope Broadcasting

Name of Applicant

Deborah Boyd 2-18-22

Signature and Date

Deborah Boyd

Printed Name of Person Signing

Pres

Title

WTTI - STA

Call Sign of Station and Type of Request (Special Temporary Authority, etc.)