

X       YES      NO                   

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.

Signature and Date Allen M. S. 12/14/22

Allan G. Moskowitz, Esq.

Attorney \_\_\_\_\_  
Title \_\_\_\_\_

Request for Ext of Special Temporary Authority – WOYK(AM), York, PA, FI 73873  
Call Sign of Station and Type of Request (Special Temporary Authority, etc.)