

Notification of Suspension of Operations / Request for Silent STA

Read Instructions/FAQ before filling out form

FOR COMMISSION USE ONLY
FILE NO.

- BLESTA-20211206AAB

Section I - General Information

1.	Legal Name of the Applicant	94.1 Partnership		
	Mailing Address	2215 Cedar Springs Rd #1605		
	City	Dallas	State or Country (if foreign address)	TX
	Zip Code	75201		
	Telephone Number (include area code)	214 709 1605		E-Mail Address (if available) ccrawfordradio@aol.com
	FCC Registration No 0031091267	Call Sign	K231CZ	Facility ID Number 148525
2.	Contact Representative (if other than licensee/permittee)	Charles W. Staples		Firm or Company Name
	Mailing Address	4424 Glenwick Ln.		
	City	University Park	State or Country (if foreign address)	TX
	ZIP Code	75205		
	Telephone Number (include area code)	214 526 6200		E-Mail Address (if available) charlesstaples@att.net
3.	Purpose:	<input type="checkbox"/> Notification of Suspension of Operations		
		<input type="checkbox"/> Notification of Suspension of Operations and Request for Silent STA		
		<input type="checkbox"/> Request for Silent STA		
		<input type="checkbox"/> Request to Extend STA		
		<input checked="" type="checkbox"/> Resumption of Operations		
4.	Community of License:	Austin, TX		
	City: State:			

5.	Reason for going silent: <input type="checkbox"/> Technical <input type="checkbox"/> Financing <input type="checkbox"/> Staffing <input type="checkbox"/> Program Source <input type="checkbox"/> Other	
6.	Please provide a justification for the request n/a	[Exhibit 1]
7.	Date Station has gone / will go silent: (mm/dd/yyyy)	
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant 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

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	Charles Crawford	Typed or Printed Title of Person Signing	Principal
Signature	<i>Charles Crawford</i>	Date (mm/dd/yyyy)	03/28/2022

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).

Exhibits Facility returned to operation with licensed facilities March 22, 2022

Exhibit 1
Description:

Attachment 1
