

(REFERENCE COPY - Not for submission) Full Power FM Restoration of License Operation Notification

File Number: 0000243667 | Submit Date: 04/18/2024 | Lead Call Sign: WFMA | Facility ID: 37721

FRN: **0004121000**

Service: Full Power FM | Purpose: Restoration of License Operation Notification | Status: Received | Status Date:

04/18/2024 Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Doing Business As: EDUCATIONAL MEDIA FOUNDATION	5700 WEST OAKS BOULEVARD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING.	NFP

Contact Representatives (2)

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Station Status

Section	Question	Response
Station Status	Date the station Restored License Operation:	04/11/2024

Certification

Section	Question	Response
General Certification Statements	The Applicant 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 authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	

The Applicant certifies that neither the Applicant nor any
other party to the application is subject to a denial of
Federal benefits pursuant to §5301 of the Anti-Drug Abuse
Act of 1988, 21 U.S.C. § 862, because of a conviction for
possession or distribution of a controlled substance. This
certification does not apply to applications filed in services
exempted under §1.2002(c) of the rules, 47 CFR . See §1.
2002(b) of the rules, 47 CFR § 1.2002(b), for the definition
of "party to the application" as used in this certification §
1.2002(c). The Applicant certifies that all statements made
in this application and in the exhibits, attachments, or
documents incorporated by reference are material, are part
of this application, and are true, complete, correct, and
made in good faith.

Authorized Party to Sign

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Matt Reynolds

Chief Financial Officer

04/18/2024

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WFMA Restoration of Licensed Operations.docx	Applicant		Restoration Exhibit	Done with Virus Scan and /or Conversion