Federal Communications Commission	(REFERENCE COPY - Not for submission) Administrative Update for an FM Station Application File Number: 0000143913 Submit Date: 04/22/2021 Call Sign: WATY Facility ID: 83543 FRN: 0006151682 State: Georgia City: FOLKSTON Service: FM Purpose: Administrative Update Status: Received Status Date: 04/22/2021 Filing Status: Active						
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General Information	Section Question			Response			
Applicant Information	Applicant Name, Type, and Contact Information						
	Applicant	Address	Phone	Email	Applicant Type		
	DELMARVA EDUCATIONAL ASSOCIATION Doing Business As: DELMARVA EDUCATIONAL ASSOCIATION	3780 WILL SCARLET ROAD WINSTON-SALEM, NC 27104	+1 (336) 765-7438	jonathan@jacksonville. radio	Not-for- Profit		

United States

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	CARL E GLUCK <i>TECHNICAL</i> <i>CONSULTANT</i> CARL T. JONES CORP	7901 YARNWOOD COURT SPRINGFIELD, VA 22153 United States	+1 (703) 569- 7704	CGLUCK@CTJC. COM	Technical Representative
	DAVINA S SASHKIN , ESQ Legal Representative BAKER HOSTETLER LLP	1050 Connecticut Ave., NW Suite 1100 Washington, DC 20036 United States	+1 (202) 861- 1759	dsashkin@bakerlaw. com	Legal Representative

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 certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Davina S. Sashkin , Esq Legal Counsel 04/22/2021

Information not provided.

Attachments