

(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

File Number: 0000194501Submit Date: 07/06/2022Lead Call Sign: KNMJFacility ID: 40206

FRN: 0001608298

Service: Full Power FM	Purpose: Request for Silent STA	Status: Granted	Status Date: 09/08/2022	Filing Status:
Inactive	I	I		I

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

Applicant

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NEW MEXICO JUNIOR COLLEGE State-supported higher educational institution	Scotty Holloman 5317 Lovington Highway HOBBS, NM 88240	+1 (575) 492- 2791	sholloman@nmjc. edu	ОТН

United States

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
F. Scott Pippin <i>Attorney</i> Lerman Senter PLLC	2001 L Street, NW Washington, DC 20036 United States	+1 (202) 429-8970	spippin@lermansenter.com	Legal Representative

Section	Question	Response
Station Status	Date the station went/will go silent:	07/01/2022
	Reason for going silent:	Staffing

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.	Scotty Holloman General Counsel 07/06/2022

Atta	chme	nts

File Name	Uploaded By	Attachment Type	Description	Upload Status
Explanation of Request. pdf	Applicant	Station Status	Explanation of Request	Done with Virus Scan and/or Conversion