

(REFERENCE COPY - Not for submission) Request for Silent Authority of an AM Station Application

Purpose: Request for Silent STA | Status: Granted

File Number: **0000206291** Service: Full Power AM

Active

Submit Date: 01/04/2023 Lead Call Sign: DWHKT

FRN: 0004985172

Status Date: 01/24/2023

Filing Status:

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
CHESAPEAKE-PORTSMOUTH BROADCASTING CORPORATION Doing Business As: CHESAPEAKE- PORTSMOUTH BROADCASTING CORPORATION	3780 WILL SCARLET RD. WINSTON- SALEM, NC 27104 United States	+1 (336) 765-7438	jonathan@jacksonville. radio	Company

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
DAVINA SASHKIN , ESQ . WILKINSON BARKER KNAUER LLP	1800 M Street NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3428	dsashkin@wbklaw. com	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station went/will go silent:	01/04/2023
	Reason for going silent:	Other

Certification

Section Question Response

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.		
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		
	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. 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 will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation 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)	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WHKT STA JUSTIFICATION EXHIBIT.pdf	Applicant	Station Status	Silence Justification	Done with Virus Scan and/or Conversion

I declare, under penalty of perjury, that I am an authorized

representative of the above-named applicant for the

Nancy Epperson

President

01/04/2023

/OR FORFEITURE (U.S. Code, Title 47, §503).

Authorization(s) specified above.