

Filing Status: Inactive

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

 File Number:
 BLESTA-20180625AAX
 Submit Date:
 06/25/2018
 Lead Call Sign:
 WATD
 Facility ID:
 19631

FRN: 0034545210

Service: Full Power AM Purpose: STA Extension Status: Granted Status Date: 07/06/2018

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MARSHFIELD BROADCASTING CO., INC. Applicant Doing Business As: MARSHFIELD BROADCASTING CO., INC.	130 ENTERPRISE DRIVE MARSHFIELD, MA 02050 United States	+1 (781) 837-1166	OLDETROLL@HOTMAIL. COM	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
ALLAN G. MOSKOWITZ, ESQ. ALLAN G. MOSKOWITZ, ESQ.	10845 TUCKAHOE WAY ALLAN G. MOSKOWITZ, ESQ. NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW. COM	Legal Representative

Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Technical
	Please enter the new requested expiration date:	

Certification

Section
General Certification Statements

	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.	EDWARD F. PERRY

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1787366_1504676.txt</u>	Applicant	All Purpose	JUSTIFICATION FOR SILENT AUTHORITY	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\86\A-1787366 F- 19631 L-86488-BLESTA-20180625AAX.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion