

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

File Number: BLSTA-20200817AAS | Submit Date: 08/17/2020 | Lead Call Sign: WAVX-LP | Facility ID: 192855

FRN: 0022989792

Service: Low Power FM | Purpose: Request for Silent STA | Status: Granted | Status Date: 10/07/2020 | Filing Status:

**Active** 

## 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
PAL OF FLORIDA, INC. Applicant Doing Business As: PAL OF FLORIDA, INC.	357 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 United States	+1 (386) 566- 4195		ОТН

## Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
SCOTT WOODWORTH EDINGER ASSOCIATES PLLC	1725 I STREET, NW SUITE 300 WASHINGTON, DC 20006 United States	+1 (202) 747- 1694	SWOODWORTH@EDINGERLAW. NET	Legal Representative

### **Station Status**

Section	Question	Response
Station Status	Date the station went/will go silent:	08/07/2020
Reason for going silent:		Technical

#### Certification

Section	Question	Response	
General Certification Statements	Certification The Applicant waives any claim to the use of any particular		

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
documents incorporated by reference are material, are part of this application, and are true, complete, correct, and
made in good faith.
FAILURE TO CION THIS APPLICATION MAY DECLI T IN

#### **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.

#### **CYNTHIA TUTERA**

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1820030 1568896.txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\96\A-1820030 F- 192855 L-96184-BLSTA-20200817AAS.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion