

(REFERENCE COPY - Not for submission) Form 380 - Permittee Initial Request

File Number:0000243721Submit Date:04/22/2024Lead Call Sign:WYAJ-LPFacility ID:785703

FRN: 0034523548

Service: Low Power FMPurpose: Call Sign Request (Permittee Initial)Status: GrantedStatus Date: 04/22/2024Filing Status: Active

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

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Non commercial non profit LPFM
	Is the applicant exempt from FCC regulatory Fees?	Yes
Waivers	Does this filing request a waiver of the Commission's rule (s)?	No
	Total number of rule sections involved in this waiver request:	

Applicant Information	Applicant Name, Type, and Contact Information						
	Applicant	Address	Phone	Email			Applicant Type
	Tocad Trompeta en Sion Inc.	Pedro L Rivera HC-04 Box 13939 Moca, 00676 Puerto Rico		tocadtro	mpetaensionjvp@hotm	nail.com	NFP
Contact Representatives (2)	Contact Name	Address	Ph	one	Email		Contact Type
	GRAFTON OLIVERA <i>TECHNICAL CONSULTANT</i> GRAFTON OLIVERA, P.E. CONSULTING ENGINEER	GRAFTON OLIVERA 5119 60TH DRIVE E BRADENTON FL 34203 United States	32: I,	(941) 3-0381	GRAFTON. OLIVERA@OUTLOOK. COM		Technical Representative
	Jose David Soler SR Soler Law Office	PO Box 316 Coamo, 0076 Puerto Rico		787) 80139			Legal Representative
Call Sign Request	Section	Question Respon		Respons	se		
	Permittee Initial Request	Requested Call Sign				WYAJ-LI	D
		File/Permit Number				0000232	341

Effective Date	04/27/2024
The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.	N/A

	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.	Pedro L. Rivera President 04/22/2024

Attachments

Information not provided.