

(REFERENCE COPY - Not for submission) Request to Extend a Low Power FM Engineering STA Application

File Number: 0000241425 | Submit Date: 03/18/2024 | Lead Call Sign: WFAH-LP | Facility ID: 196822

FRN: 0023126824

Service: Low Power FM | Purpose: STA Extension | Status: Granted | Status Date: 04/01/2024 | 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
GREATER FLINT ARTS COUNCIL Doing Business As: GREATER FLINT ARTS COUNCIL	GREGORY FIEDLER 816 S SAGINAW ST FLINT, MI 48502 United States	+1 (810) 238-6496	GREG@GREATERFLINTARTSCOUNCIL. ORG	NFP

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
GREGORY FIEDLER President/CEO GREATER FLINT ARTS COUNCIL	GREGORY FIEDLER 816 S SAGINAW ST Flint, MI 48502 United States	+1 (810) 238-6496	GREG@GREATERFLINTARTSCOUNCIL. ORG	Legal Representative
Clayton Hewitt CONSULTANT Clayton Hewitt	Clayton Hewitt 648 Clinton St Flint, MI 48507 United States	+1 (810) 938-9240	clayton@mscginc.org	Technical Representative

Extension Request

Section	Question	Response
Extension Request	Please enter the new requested expiration date:	09/28/2024

Certification

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	Section	Question	Response
Communications Act of 1934, as amended.).		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	

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.

Gregory Fiedler

President/CEO

03/18/2024

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WFAH-LP 60 dbu exhibit 845656856.pdf	Applicant	All Purpose		Done with Virus Scan and /or Conversion
WFAH-LP STA Extention Update 03- 18-24.doc	Applicant	Extension Request		Done with Virus Scan and /or Conversion