

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

 File Number:
 BLSTA-20190708AAC
 Submit Date:
 07/08/2019
 Lead Call Sign:
 KWAP-LP
 Facility ID:
 196260

FRN: 0023118854

 Service:
 Low Power FM
 Purpose:
 Request for Silent STA
 Status:
 Granted
 Status Date:
 07/22/2019
 Filing Status:

 Inactive
 Inactive

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							
momation	Applicant		Address Phone		Email		Applicant Type	
	REGENERATION OUTREACH CENTER Applicant Doing Business As: REGENERATION OUTREACH CENTER		229 TIFFIN AVE +1 (314) 60 ST. LOUIS, MO 0564 63135 United States		00- TJERONDO@AOL. COM		OTH	
Contact Representatives (1)	Contact Name	Addres	S	Phon	e	Email		Contact Type
	JERONDO THOMPSON REGENERATION OUTREACH CENTER		FIN AVE JIS, MO States	, MO 0564 C0		TJERONDO@ COM	JERONDO@AOL. Legal :OM Repre	
Station Status	Section	Question			Response			
	Station Status	Date the station went/will go silent:				06/28/2019		
		Reason for going silent:				Technical		

Certification	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.).		

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	JERONDO THOMPSON
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). 	
	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.	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1806811_1542950.txt</u>	Applicant	All Purpose	REASON FOR REQUEST	Done with Virus Scan and/or Conversion
<u>D:\data\prod\cdbs\letters\\91\A-1806811_F-</u> 196260_L-91759-BLSTA-20190708AAC.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion