

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

 File Number:
 BLSTA-20190311AAB
 Submit Date:
 03/11/2019
 Lead Call Sign:
 WQXY-LP
 Facility ID:
 193365

FRN: 0023035116

Service: Low Power FMPurpose: Request for Silent STAStatus: GrantedStatus Date: 04/11/2019Filing Status: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							
	Applicant	Address	Phone	Email	Applicant Type			
	PREMIERE INTERNATIONAL CARES, INC Applicant Doing Business As: PREMIERE INTERNATIONAL CARES, INC		+1 (239) 454-5000	CRUE@PREMIERE COM	INTLINST. OTH			
Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type			
	DAN J. ALPERT THE LAW OFFICE OF DAN J. ALPERT	2120 N. 21ST RD. ARLINGTON, VA 22201 United States	+1 (703) 2 8690	243- DJA@COM TV	MLAW. Legal Representative			
Station Status	Section	Question			Response			
	Station Status	Date the station went/will go silent:			02/01/2019			
		Reason for going silent:			Technical			

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.).	
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	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.	CYNTHIA RUE

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1801562_1531817.txt</u>	Applicant	All Purpose	JUSTIFICATION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\90\A-1801562_F- 193365_L-90574-BLSTA-20190311AAB.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion