

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

File Number: BLSTA-20160927ADS | Submit Date: 09/27/2016 | Lead Call Sign: KIOM-LP | Facility ID: 132182

FRN: 0005939129

Service: Low Power FM | Purpose: Request for Silent STA | Status: Granted | Status Date: 10/21/2016 | 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
KROS RADIO ASSOCIATION Applicant Doing Business As: KROS RADIO ASSOCIATION	P.O. BOX 1387 KAUNAKAKAI, HI 96748 United States	+1 (808) 553- 5540	ROBERT. SAHAGUN@ME.COM	ОТН

### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
<b>DAVID O'CONNOR</b> WILKINSON BARKER KNAUER, LLP	2300 N STREET, NW SUITE 700 WASHINGTON, DC 20037 United States	+1 (202) 783- 4141	DOCONNOR@WBKLAW.	Legal Representative

### **Station Status**

Section	Question	Response
Station Status	Date the station went/will go silent:	09/19/2016
	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.).	

#### **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.

#### **ROBERT SAHAGUN**

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
1740332 1419180.txt	Applicant	All Purpose	EQUIPMENT FAILURE	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\68\A-1740332 F- 132182 L-68455-BLSTA-20160927ADS.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion