

(REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

 File Number:
 BSTA-20010319ABR
 Submit Date:
 03/19/2001
 Lead Call Sign:
 WVUA-FM
 Facility ID:
 4242

FRN: 0001749688

Service: Full Power FM Purpose: Engineering STA Status: Granted Status Date: 03/27/2001 Filing Status: Active

General Information	Section	Question	Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?		

Fees, Waivers, and Exemptions

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

Applicant	Applicant Name, Type, a	t Name, Type, and Contact Information					
Information	Applicant			Address	Phone	Email	Applicant Type
	BOARD OF TRUSTEES, THE Applicant Doing Business As: BOARD OF OF ALABAMA			PO BOX 870152 TUSCALOOSA, AL 35487 United States			ОТН
Contact Representatives (0)	Contact Name	Address	Phone	e Email	Cor	ntact Typ	e
STA Purpose	Section	Question			F	lesponse)
	STA Purpose	This Special Temporar	y Authoi	rity is requested for use o	of:		
		·					
Certification	Section	Question			F	esponse)
	General Certification Statements	frequency or of the ele- regulatory power of the previous use of the sar	ctromag United ne, whe s an Aut ee Secti	ther by authorization or thorization in accordance on 304 of the	st the		

	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.	

Attachments

Information not provided.