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

File Number: BSTA-20040928ARW | Submit Date: 09/28/2004 | Lead Call Sign: WKSJ-FM | Facility ID: 53145

FRN: **0014042816**

Service: Full Power FM | Purpose: Engineering STA | Status: Granted | Status Date: 10/13/2004

	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
	Section	Question	Response
	Fees, Waivers, and Exemptions	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
	Waivers	Is the applicant exempt from FCC regulatory Fees?	
		Does this filing request a waiver of the Commission's rule (s)?	
		Total number of rule sections involved in this waiver request:	

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
CLEAR CHANNEL BROADCASTING LICENSES, INC. Applicant Doing Business As: CLEAR CHANNEL BROADCASTING LICENSES, INC. Contact Name Address Phone Email Co	7136 S. Yale Avenue Suite 501 Tulsa, OK 74136 United States	+1 (918) 664-4581	FCCCONTACT@CLEARCHANNEL COM	· OTH

Contact Representatives **(0)**

Section	Question	Response
STA Purpose STA Purpose	This Special Temporary Authority is requested for use of:	

Certification

STA Purpose	This Special Temporary Authority is requested for use of:	
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.). 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 \$ 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.

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.

Authorized Party to Sign

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.

Information not provided.

Attachments