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

File Number: 19991006ABA | Submit Date: 10/06/1999 | Lead Call Sign: WAMU | Facility ID: 65399

FRN: 0002108165

Service: Full Power FM | Purpose: Engineering STA | Status: Granted | Status Date: 05/01/2000 | Filing Status: Active

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General		Section	Question			Response	
Information		Attachments	Are attachments (other the filed with this application	nan associated schedules) b n?	eing		
	_	Section	Question			Response	
	,	, Waivers, Exemptions	Is the applicant exempt for Indicate reason for fee ex	rom FCC application Fees? temption:	?	No	
		Waivers	Is the applicant exempt fr	rom FCC regulatory Fees?			
			Does this filing request a waiver of the Commission's rule (s)?				
			Total number of rule sect request:	ions involved in this waive	er		
Applicant		Applicant Name, Type, and Contact Information					
Information		Applicant		Address]	Phone Email A	Applicant Type
		THE AMERICAN UNI	VERSITY	4400 MASS., AVENUE	E N.W.		
		Applicant		WASHINGTON, DC 20	0016	(OTH
		Doing Business As: THE AMERICAN UNIVERSITY United States					
Contact		Contact Name Address Phone Email Contact Type					
Contact Representatives (0)							
•	~	Section	Question		I	Response	
C 4.60 4.	STA	Purpose STA Purpose	This Special Temporary Authority is requested for use of:				
		Section	Question			Response	
Certification			as against the regulatory because of the previous u authorization or otherwis in accordance with this a the Communications Act	f the electromagnetic spect power of the United States ase of the same, whether by e, and requests an Authoriz pplication (See Section 304)	zation 4 of		

General Certification Statements

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 . 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.

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Authorized Party to Sign

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.

Information not provided.

Attachments