

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

File Number: BLSTA-20140331ADV Submit Date: 03/31/2014 Lead Call Sign: WEVW Facility ID: 174767

FRN: 0006771836

Service: Full Power FM | Purpose: Request for Silent STA | Status: Granted | Status Date: 07/01/2014 | 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 |
|--|--|----------------------|--------------------------|----------------|
| FOUR RIVERS COMMUNITY BROADCASTING CORPORATION Applicant Doing Business As: FOUR RIVERS COMMUNITY BROADCASTING CORPORATION | P.O. BOX 186<br>SELLERSVILLE,<br>PA 18960<br>United States | +1 (215)<br>721-2141 | CLOUGHERY@WORDFM.<br>ORG | ОТН            |

## Contact Representatives (1)

| Contact Name   | Address  | Phone                 | Email             | Contact Type            |
|--|--|-----------------------|-------------------|-------------------------|
| MALCOLM G.<br>STEVENSON<br>SCHWARTZ, WOODS &<br>MILLER | SUITE 610, THE LION BUILDING 1233 20TH STREET NW WASHINGTON, DC 20036-7322 United States | +1 (202) 833-<br>1700 | STEVENSON@SWMLAW. | Legal<br>Representative |

#### **Station Status**

| Section        | Question                              | Response   |
|----------------|---------------------------------------|------------|
| Station Status | Date the station went/will go silent: | 03/20/2014 |
|                | Reason for going silent:              | Technical  |

## Certification

| Section                             | Question  | Response |
|-------------------------------------|---|----------|
| General Certification<br>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 . 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.

CHARLES W. LOUGHERY

### **Attachments**

| File Name  | Uploaded By | Attachment Type | Description              | Upload Status                                   |
|--|-------------|-----------------|--------------------------|---|
| 1632158 1234049.txt  | Applicant   | All Purpose     | REASON<br>FOR<br>SILENCE | Done with<br>Virus Scan<br>and/or<br>Conversion |
| D:\data\prod\cdbs\letters\\50\A-1632158_F-<br>174767_L-50473-BLSTA-20140331ADV.pdf | Internal    | All Purpose     | imported<br>letter       | Done with<br>Virus Scan<br>and/or<br>Conversion |