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

File Number: **BSTA-19981119W2** | Submit Date: **11/19/1998** | Lead Call Sign: **KYMG** | Facility ID: **12514** 

FRN: **0014042816** 

Service: Full Power FM | Purpose: Engineering STA | Status: Granted | Status Date: 12/09/1998 | Filing Status: Active

		Section	Question		Response	
General Information	_	Attachments	Are attachments (other than associated with this application?	ciated schedules) being		
		Section	Question		Response	
	,	Waivers, Exemptions	Is the applicant exempt from FCC application Fees? Indicate reason for fee exemption: Is the applicant exempt from FCC regulatory Fees? Does this filing request a waiver of the Commission's rule		No	
		Waivers	(s)? Total number of rule sections inverted request:			
Applicant		Applicant Name, Type, and Contact Information				
Information		Applicant		Address	Phone Email Applicant Type	
				600 CONGRESS		

Applicant	Address	Phone Email Applicant Type
CAPSTAR ROYALTY II CORPORATION	600 CONGRESS AVENUE	
Applicant	SUITE 1400	ОТН
Doing Business As: CAPSTAR ROYALTY II CORPORATION	AUSTIN, TX 78701	
	United States	
<b>Contact Name Address Phone Email Contact Type</b>		

Contact

Representatives (0)				
	~	Section	Question	Response
	STA	Purpose STA Purpose	This Special Temporary Authority is requested for use of:	
C		Section	Question	Response
Certification		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 . 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

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**