

(REFERENCE COPY - Not for submission)

Cancellation Application

File Number:0000105334Submit Date:02/04/2020Call Sign:WFSU-FMFacility ID:21799FRN:0001810977State:FloridaCity:TALLAHASSEEService:FMPurpose:CancellationStatus:CancelledStatus Date:02/04/2020Filing Status:InActive

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FLORIDA STATE UNIVERSITY Noncommercial Educational Licensee Doing Business As: FLORIDA STATE UNIVERSITY	David Mullins 1600 RED BARBER PLAZA TALLAHASSEE, FL 32310 United States	+1 (850) 645- 7200	dmullins@FSU. edu	Other

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	DOUG CRALL DIRECTOR OF ENGINEERING & OPERATIONS, FSU Florida State University	1600 RED BARBER PLAZA TALLAHASSEE, FL 32310 United States	+1 (850) 645- 6032	DCRALL@FSU. EDU	Technical Representative
	David A. O'Connor , Esq <i>Legal Counsel</i> Wilkinson Barker Knauer, LLP	David A. O'Connor, Esq. 1800 M Street, N.W. Suite 800N Washington, DC 20036 United States	+1 (202) 783- 4141	doconnor@wbklaw. com	Legal Representative

Cancellation

Section	
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Cancel Fa

	Question		Response	
acility	Is this filing a request to cancel the entire facility?		No	
	Select the specific Licenses and/or Authorizations that you wish to Cancel.			
	Facility ID	Call Sign		File Number
	21799	WFSU-FM		BXLED- 20091204ACZ
		lect the specific Licenses and/or Authorizations that you wish to acility ID Call Sign		

	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 . 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 certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	David Mullins <i>Station Manager</i> 02/04/2020

Information not provided.

Attachments