

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

 File Number:
 0000196700
 Submit Date:
 08/02/2022
 Lead Call Sign:
 KASS
 Facility ID:
 43477

## FRN: 0008230559

 Service:
 Full Power FM
 Purpose:
 Engineering STA
 Status:
 Granted
 Status Date:
 08/12/2022
 Filing Status:

 Inactive
 Inacti

General Information	Section	Question			Respons	e		
internation	Attachments	Are attachments (other than associated schedules) being filed with this application?						
Fees, Waivers, and Exemptions	Section	Question				Respons	e	
	Fees	Is the applicant exempt from FCC application Fees?				No		
		Indicate reason for fee exemption:						
		Is the applicant exempt from FCC regulatory Fees?				No		
	Waivers	Does this filing (s)?	Does this filing request a waiver of the Commission's rule (s)?			No		
		Total number of rule sections involved in this waiver request:						
	Application Type	Call Sign	Facility	ID	Fee Code	Fee A	Amount	
	Engineering STA				MVY	\$210.	00	
					Total			
Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant		Address	Phone	Email		Applicant Type	
	<b>MT. RUSHMORE BROADCASTING, INC.</b> Doing Business As: MT. RUSHMORE BROADCASTING, INC.		218 N WOLCOTT ST CASPER, WY 82601 United States	+1 (307) 2 1984	265- JCG4321 COM	0@GMAIL.	COR	
Contact Representatives (2)	Contact Name	Address	Pho	ne l	Email		Contact Type	
	<b>Travis J. Andring</b> Fletcher, Heald & Hildreth, PLC	1300 N. 1 C Street 11th Floo	040		andring@fhhlaw	.com	Legal Representative	

Arlington, VA

**United States** 

22209

MATTHEW H. MCCORMICK FLETCHER, HEALD & HILDRETH, P.L.C. 1300 N. 17TH STREET Suite 1100 Arlington, VA 22209 United States +1 (703) 812- MCCC 0438 COM

MCCORMICK@FHHLAW. Legal COM Repre

Legal Representative

STA Purpose	Section	Question	Response	
	STA Purpose	This Special Temporary Authority is requested for use of:	Licensed Antenna System with: Reduced Power	
Contification				
Certification	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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>		
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jan Charles Gray President 08/02/2022	

Attachments

KASS Reason for STA.	Applicant	STA Purpose	STA EXTENSION	Done with Virus Scan and/or
<u>pdf</u>			PURPOSE	Conversion