

(REFERENCE COPY - Not for submission) Form 380 - Exchange Request

 File Number:
 0000212763
 Submit Date:
 03/20/2023
 Lead Call Sign:
 WSPA-FM
 Facility ID:
 53623

FRN: 0034767822

Service: Full Power FMPurpose: Call Sign Request (Exchange)Status: GrantedStatus Date: 03/22/2023Filing Status: Active

General Information	Section		Question			Response		
	Attachments		Are attachments (other than associated schedules) being filed with this application?			No		
Fees, Waivers, and Exemptions	Section		Question				Response	
	Fees		ls the applicant ex	empt from FCC	applicatior	n Fees?	No	
			Indicate reason for	fee exemption:				
			Is the applicant exe	empt from FCC	regulatory	Fees?	No	
	Waivers		Does this filing request a waiver of the Commission's rule (s)?				No	
			Total number of ru	le sections invo	lved in this	waiver request:		
	Application Type		Cal	l Sign F	acility ID	Fee Code	e Fe	e Amount
	Call Sign Request (Exc	hange)				MBR	\$3	380.00
						Total		
Applicant Information	Applicant Name, Ty	ype, and Addres		mation Phone		Email		Applicant Type
	Audacy License, LLC	4TH FL	ELPHIA, PA 1910	+1 (610) 66 3	30-5610 <i>.</i>	Andrew.Sutor@au	idacy.com	LLC
Contact Representatives		4TH FL PHILAD	OOR ELPHIA, PA 1910		60-5610 Ema	Andrew.Sutor@au		

Call Sign Request	Section	Question	Response	
Roquoor	Exchange Request	Effective Date	03/28/2023	
		Licensee 1 Current Call Sign	WSPA-FM	

Licensee 1 Requested Call Sign	WSPA-FM
Licensee 2 Current Call Sign	WSPA-FM
Licensee 2 Requested Call Sign	WYRD-FM
I certify that the document attached demonstrates a legally binding contract of call sign transfer.	Yes

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	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.	Laura Berman Vice President, Legal 03/20/2023

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	Call Sign Change.pdf	Applicant	Exchange Request		Done with Virus Scan and/or Conversion