

(REFERENCE COPY - Not for submission)

Administrative Update for an FM Station Application

File Number: 0000148920 Submit Date: 06/01/2021 Call Sign: KNFT-FM Facility ID: 28126 FRN: 0015176100

State: New Mexico City: BAYARD

Service: FM Purpose: Administrative Update Status: Received Status Date: 06/01/2021 Filing Status: Active

General Information

Section Question Response	ion	Question		Response
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Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SKYWEST LICENSES NEW MEXICO LLC Doing Business As: SKYWEST LICENSES NEW MEXICO LLC	TED TUCKER PO Box 36148 TUCSON, AZ 85740 United States	+1 (520) 797-4434	TTUCKER@SKYWESTMEDIA.	Limited Liability Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
SUSAN A. MARSHALL ESQUIRE FLETCHER HEALD & HILDETH, PLC	SUSAN A. MARSHALL, ESQUIRE 1300 N 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0400	MARSHALL@FHHLAW. COM	Legal Representative
ERIK C. SWANSON , PE . TECHNICAL CONSULTANT HATFIELD & DAWSON CONSULTING ENGINEERS	ERIK SWANSON 9500 GREENWOOD AVE N SEATTLE, WA 98103 United States	+1 (206) 783-9151	ESWANSON@HATDAW. COM	Technical Representative

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 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.	TEd TUCKER MANAGING MEMBER 06/01/2021

Attachments

Information not provided.