Technical



(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

 File Number:
 0000226526
 Submit Date:
 11/16/2023
 Lead Call Sign:
 WCOX
 Facility ID:
 91927

FRN: 0004986592

 Service: Full Power FM
 Purpose: Request for Silent STA
 Status: Granted
 Status Date: 11/28/2023
 Filing Status:

 Inactive
 Inactive
 Inactive
 Inactive
 Inactive
 Inactive

| General Information | Section | (| Question | | | Respo | ıse |
|-----------------------------------|---|--|--|-----------------------|--------------------------|--------------|---------------------------|
| | Attachments | | Are attachments (other than associated schedules) being filed with this application? | | | | |
| Applicant | Applicant Name, Type | , and | Contact Inform | ation | | | |
| Information | Applicant | | Address | Phone | Email | | Applicant Type |
| | FAMILY LIFE MINISTRIES | , INC | PO Box 506 BATH, NY 14810 United States | +1 (607) 776-4151 | ricksnavely@farr | nilylife.org | I NFP |
| Contact Representatives (2) | Contact Name | Address | | Phone | Email Co | | ontact Type |
| | President | PO Bo Bath, | Snavely ox 506 NY 14810 I States | +1 (607) 776- 4151 | ricksnavely@famil org | lylife. P | resident |
| | <i>TECHNICAL CONSULTANT</i> Family Life Ministries | James Travis 12372 Huckleberry Ct Rancho Cucamonga, CA 91739 United States | | +1 (909) 609- 5040 | , , | | echnical epresentative |
| | | | | | | | |
| Station Status | Section | (| Question | | | Respo | ıse |
| | Station Status | Date the station went | | 'will go silent: | | 10/19/2 | 023 |
| | | | | | | | |

Reason for going silent:

| 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. | Richard M Snavely , Jr . <i>President</i> 11/16/2023 |

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|--|-------------|-----------------|---|--|
| Justification for Silence WCOX 11 16 2023.pdf | Applicant | Station Status | Justification for Silence WCOX Bedford, PA | Done with Virus Scan and/or Conversion |
| WCOX(FM) Request for STA 112823 signed.pdf | Internal | All Purpose | Request for STA | Done with Virus Scan and/or Conversion |