

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

 File Number:
 20000711ABH
 Submit Date:
 07/11/2000
 Lead Call Sign:
 KNTU
 Facility ID:
 69003

FRN: 0008700577

 Service:
 Full Power FM
 Purpose:
 Engineering STA
 Status:
 Granted
 Status Date:
 11/02/2000
 Filing Status:

 Inactive
 Inacti

Total number of rule sections involved in this waiver request:

General Information	Section	Question	Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?		
Fees, Waivers, and Exemptions	Section	Question	Response	
	Fees	Is the applicant exempt from FCC application Fees?	No	
		Indicate reason for fee exemption:		
		Is the applicant exempt from FCC regulatory Fees?		
	Waivers	Does this filing request a waiver of the Commission's rule (s)?		

Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant		Address	Ph	one Ema	il Applicant Type		
	NORTH TEXAS STATE UNIVERSITY Applicant Doing Business As: UNIVERSITY OF NORTH TEXAS		DENTON,	P.O. BOX 13585 DENTON, TX 76203 United States		ОТН		
Contact Representatives (0)	Contact Name	Address	Phone	Email	Contact	Туре		
STA Purpose	Section STA Purpose	Question This Special Temporal	ay Authority is red	nuested for use of	Resp	onse		
			y realionly to rec					
Certification	Section	Question			Resp	Response		
	General Certification Statements	frequency or of the ele regulatory power of the previous use of the sa otherwise, and reques with this application (S	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.	

Attachments

Information not provided.