

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

File Number:**BLSTA-20090416AEW**Submit Date:**04/16/2009**Lead Call Sign:**WTMV**Facility ID:**89403**

FRN: 0010764546

 Service:
 Full Power FM
 Purpose:
 Request for Silent STA
 Status:
 Dismissed
 Status Date:
 07/27/2009
 Filing Status:

 Inactive
 <

General Information	Section	Question	Question				Response	
	Attachments		Are attachments (other than associated schedules) being filed with this application?					
Applicant Information	Applicant Name, Type	, and Contact I						
	Applicant		Address	Phone	Email		Applicant Type	
	LIVING WORD OF FAITH CHRISTIAN OUTREACH Applicant Doing Business As: LIVING WORD OF FAITH CHRISTIAN OUTREACH		409 EAST MAIN STREET YOUNGSVILLE, PA 16371 United States	T 563-4903 NE SSVILLE, 71		WTMV@VERIZON. OTH NET		
Contact Representatives	Contact Name	Address	Pho	one	Email	Contac	t Туре	
(1)	PATTI LYNN BAKER	409 EAST MAIN STREET +1 (724) YOUNGSVILLE, PA 16371 United States		(724) 548-8696		Legal Representative		
Station Status	Section	Question				Response	9	
	Station Status	Date the station went/will go silent:				11/15/2008		
	Reason for going silent:				Staffing			

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.).	

	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.	PATTI LYNN BAKER

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1309013 5506522.</u> pdf	Applicant	All Purpose	December 12, 2008 STA Request	Done with Virus Scan and/or Conversion
	<u>1309013_751745.</u> <u>txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion