

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

 File Number:
 BLSTA-20110511AGP
 Submit Date:
 05/11/2011
 Lead Call Sign:
 KGFN
 Facility ID:
 175110

FRN: 0016257123

Service: Full Power FMPurpose: Request for Silent STAStatus: GrantedStatus Date: 07/19/2011Filing Status:Active

General Information	Section	Question	Question			Response	
	Attachments		ments (other than a his application?				
Applicant Information	Applicant Name, Type						
mormation	Applicant		Address	Phone	Email	Applicant Type	
	RADIO GOLDFIELD BROADCASTING INC. Applicant Doing Business As: RADIO GOLDFIELD BROADCASTING INC.		P. O. BOX 121 +1 (775) GOLDFIELD, 485-6333 NV 89013 United States		DOMINICP@FRONTIER. OTH COM		
Contact Representatives (1)	Contact Name	Address	Phone	Ema	il	Contact Type	
	DOMINIC PAPPALARDO	PO. BOX 121 GOLDFIELD, N 89013 United States	LD, NV 6333 COM			R. Legal Representative	
Station Status	Section Question					Response	
	Station Status	Date the s	Date the station went/will go silent:			05/07/2011	
		Reason fo	Reason for going silent:			Technical	

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.).		

	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.	DOMINIC PAPPALARDO
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.	
	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.	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1427030_938446.txt</u>	Applicant	All Purpose	EQUIPMENT FAILER	Done with Virus Scan and/or Conversion
<u>D:\data\prod\cdbs\letters\\26\A-1427030_F-</u> 175110_L-26889-BLSTA-20110511AGP.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion