

Communications (REFER

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

 File Number:
 BLSTA-20170914AAY
 Submit Date:
 09/14/2017
 Lead Call Sign:
 WGAY
 Facility ID:
 190443

FRN: 0003177276

Service: Full Power FMPurpose: Request for Silent STAStatus: GrantedStatus Date: 10/04/2017Filing Status:Inactive

General Information	Section	Question			Respo	Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?			ng		
Applicant Information	Applicant Name, Type, and Contact Information						
	Applicant	Address		Phone	Email	Applicant Type	
	MAGNUM BROADCASTING, I Applicant Doing Business As: MAGNUM BROADCASTING, INC.	INC. P.O. BOX 436 STATE COLL 16804 United States		+1 (814) 272- 1320	MMS@PENN COM	. OTH	
Contact Representatives (1)	Contact Name	Address	Phone	Email	I	Contact Type	
	DAN J. ALPERT THE LAW OFFICE OF DAN J. ALPERT	2120 N. 21ST RD. ARLINGTON, VA 22201 United States	+1 (703) 8690	243- DJA@ TV	COMMLAW.	Legal Representative	
Station Status	Section	Question			Response		
	Station Status	Date the station went/will go silent:			09/10/2	09/10/2017	
		Reason for going silent:			Techni	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.).		

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	MICHAEL STAPLEFOR
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). 	
	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>1766589_1464086.txt</u>	Applicant	All Purpose	JUSTIFICATION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\79\A-1766589 F- 190443 L-79385-BLSTA-20170914AAY.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion