

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

File Number: **BLSTA-20200310ABJ** | Submit Date: **03/10/2020** | Lead Call Sign: **WCMV-FM** | Facility ID: **49575** |

FRN: **0002733764**

Service: **Full Power FM** | Purpose: **Request for Silent STA** | Status: **Granted** | Status Date: **03/17/2020** | Filing Status: **Active**

General Information	Section		Question			Response	
	Attachments		Are attachments (other than associated schedules) being filed with this application?				
Applicant Information	Applicant Name, Type, and Contact Information						
	Applicant		Address	Phone	Email	Applicant Type	
	NORTHERN MICHIGAN RADIO, INC.		1020 HASTINGS				
	Applicant		TRAVERSE CITY, MI 49686	+1 (231) 947-0003	ENGINEERING@WKLT.COM	OTH	
	Doing Business As: NORTHERN MICHIGAN RADIO, INC.		United States				
Contact Representatives (1)	Contact Name		Address	Phone	Email	Contact Type	
			1300 NORTH 17TH STREET				
	ANNE GOODWIN CRUMP, ESQUIRE		11TH FLOOR	+1 (703) 812-0400	CRUMP@FHHLAW.COM	Legal Representative	
	FLETCHER, HEALD & HILDRETH, P.L.C.		ARLINGTON, VA 22209				
			United States				
Station Status	Section		Question		Response		
	Station Status		Date the station went/will go silent:		03/01/2020		
			Reason for going silent:		Financing		
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.				

**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.

**Authorized Party to  
Sign**

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.

**W. LANGER GOKEY**

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">1816155_1560834.txt</a>	Applicant	All Purpose	REASON FOR GOING SILENT	Done with Virus Scan and/or Conversion
<a href="#">D:\data\prod\cdbs\letters\94\A-1816155_F-49575_L-94303-BLSTA-20200310ABJ.pdf</a>	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion