

General

Information

## (REFERENCE COPY - Not for submission) Request to Extend a Full Power FM Engineering STA Application

File Number: BESTA-20200113AAF Submit Date: 01/13/2020 Lead Call Sign: KZOK-FM Facility ID: 20357

## FRN: 0014042816

Section

Attachments

Service: Full Power FM Purpose: STA Extension

Extension Status: Granted

filed with this application?

Are attachments (other than associated schedules) being

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)?	
	Total number of rule sections involved in this waiver request:	

## Applicant Information

## Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CAPSTAR TX, LLC Applicant	7136 S. YALE AVENUE	+1 (918) 664- 4581	FCCCONTACT@IHEARTMEDIA. COM	ОТН
Doing Business As: CAPSTAR TX, LLC	SUITE 501 TULSA, OK 74136 United States			

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
(1)	CAPSTAR TX, LLC	7136 S. YALE AVENUE SUITE 501 TULSA, OK 74136 United States	+1 (918) 664- 4581	FCCCONTACT@IHEARTMEDIA. COM	Legal Representative

Extension Request	Section	Question	Response	
	Extension Request	Please enter the new requested expiration date:		

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	STEPHEN G DAVIS
Authorized Party to Sign	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
	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.	
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.).	

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1814574_1558244.txt</u>	Applicant	All Purpose	PARAMETER AT VARIANCE	Done with Virus Scan and/or Conversion
	<u>1814574_1558245.txt</u>	Applicant	All Purpose	EXHIBIT 24	Done with Virus Scan and/or Conversion
	D:\data\prod\cdbs\letters\\94\A-1814574_F- 20357_L-94066-BESTA-20200113AAF.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion