

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

 File Number:
 BLSTA-20050908ABF
 Submit Date:
 09/08/2005
 Lead Call Sign:
 WWOZ

Facility ID: 22659

FRN: 0007210768

Purpose: Request for Silent STA Status: Granted Service: Full Power FM Status Date: 09/09/2005 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 Addross

Applicant	Address	Phone	Email	Applicant Type
FRIENDS OF WWOZ, INC. Applicant Doing Business As: FRIENDS OF WWOZ, INC.	P. O. BOX 51840 NEW ORLEANS, LA 70151 United States	+1 (504) 568- 1239		OTH

Contact
Representatives
(1)

Contact Name	Address	Phone	Email	Contact Type
JOHN M. PELKEY, ESQ. GARVEY SCHUBERT BARER	1000 POTOMAC STREET, N. W. 5TH FLOOR, FLOUR MILL BUILDING WASHINGTON, DC 20007- 3501 United States	+1 (202) 965- 7880	JPELKEY@GSBLAW. COM	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station went/will go silent:	08/27/2005
	Reason for going silent:	Technical

Certification	
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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.	JOHN M. PELKEY
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>1083252_1927908.</u> pdf	Applicant	All Purpose	Exhibit 1	Done with Virus Scan and/or Conversion
	<u>1083252_337853.</u> <u>txt</u>	Applicant	All Purpose	REASON FOR SILENT STATUS	Done with Virus Scan and/or Conversion