

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

File Number: BLSTA-20120914ACS | Submit Date: 09/14/2012 | Lead Call Sign: WLYG | Facility ID: 90341

FRN: **0024310336**

Service: Full Power FM Purpose: Request for Silent STA Status: Granted Status Date: 11/14/2012 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
COMMUNITY PUBLIC RADIO, INC. Applicant Doing Business As: COMMUNITY PUBLIC RADIO, INC.	PO BOX 747 TALLAHASSEE, FL 32302 United States	+1 (770) 596-0739	CPRRADIO@BELLSOUTH. NET	OTH

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
DANNY LANGSTON STERLING COMMUNICATIONS, INC.	219 DODD ROAD RINGGOLD, GA 30736- 2958 United States	+1 (706) 965- 2355	STERLING@CATT. COM	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station went/will go silent:	09/07/2012
	Reason for going silent:	Other

Certification

Section	Question	Response
General Certification Statements	I Certification The Applicant waives any claim to the use of any particular	

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.	

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)

AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND

AND/OR REVOCATION OF ANY STATION

/OR FORFEITURE (U.S. Code, Title 47, §503).

PENNY JACKSON

Attachments

Authorized Party to Sign

File Name	Uploaded By	Attachment Type	Description	Upload Status
1515320 1061360.txt	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\37\A-1515320 F-90341 L- 37711-BLSTA-20120914ACS.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion