

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

File Number:**BLESTA-20200420AAK**Submit Date:**04/20/2020**Lead Call Sign:**KEZQ**Facility ID:**23306**

FRN: 0028914554

Service: Full Power FM Purpose: STA Extension Status: Granted Status Date: 05/22/2020 Filing Status: Inactive

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							
momauon	Applicant		Address	Phone	Ema	iil		Applicant Type
	INCCCApplicantDFDoing Business As: CHAPARRALWBROADCASTING INCC1			+1 (203) 454-4809		JERRYLUNDQUIST@HOTMAIL. COM		ОТН
Contact Representatives (1)	Contact Name	Addr	ess	Phon	e	Email		Contact Type
	DAVID TILLOTSON, ESQ. LAW OFFICE OF DAVID TILLOTSON	4606 CHARLESTON TERRACE NW WASHINGTON, DC 20007- 1911 United States		6241 NET		DTLAW67@ST/ NET	ARPOWER.	Legal Representative
Extension Request	Section	Que	estion				Response	•
	Extension Request	Rea	ason for going silent:				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.).	

Please enter the new requested expiration date:

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

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1817153 1562998.</u> <u>txt</u>	Applicant	All Purpose	SILENT STA EXTENSION REQUEST	Done with Virus Scan and/or Conversion