

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

File Number:**BLSTA-20190924ABB**Submit Date:**09/24/2019**Lead Call Sign:**WDGC-FM**Facility ID:**59285**

FRN: 0011228368

Service: Full Power FMPurpose: Request for Silent STAStatus: GrantedStatus Date: 10/10/2019Filing Status:Active

General Information	Section	Question			Response		
			nents (other than associate s application?	eing			
Applicant Information	Applicant Name, Type, and Contact Information						
Information	Applicant		Address	Phone	Email	Applicant Type	
	COMMUNITY HIGH #99 Applicant Doing Business As: 0 SCHOOL DISTRICT		6301 SPRINGSIDE AVE DOWNERS GROVE, IL 60516 United States	+1 (630) 795-8491	JWAITE@CSD99. ORG	ОТН	
Contact Representatives (1)	Contact Name Ac	ddress	Phone	Email	Co	ntact Type	
	WDGC-FM DC	4436 MAIN STREET +1 (630) 795 DOWNERS GROVE, IL 60516 United States		91 JWAITE@CSD99.ORG Legal F		gal Representative	
Station Status	Section	Question			Respons	Response	
	Station Status	Date the sta	ation went/will go silent:	n went/will go silent:		06/01/2019	
		Reason for going silent:			Technica	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.).	

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	DAVID A. ZAREMBKA
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). 	
	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>1810886_1550873.txt</u>	Applicant	All Purpose	STUDIOS REBUILD AND TRANSMITTER REPLACEMENT	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\92\A-1810886 F- 59285 L-92752-BLSTA-20190924ABB.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion