

(REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

File Number:**BLSTA-20020924ACB**Submit Date:**09/24/2002**Lead Call Sign:**KTKY**Facility ID:**40798**

FRN: 0007538861

Service:
Full Power FM
Purpose:
Engineering STA
Status:
Granted
Status Date:
09/30/2002
Filing Status:

Inactive
Inacti

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
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 Name, Type, and Contact Information							
Information	Applicant		Address	Р	hone	Email	Applicant Type	
	PACIFIC BROADCASTING OF MISSOURI, L.L.C Applicant Doing Business As: PACIFIC BROADCASTING OF MISSOURI, L.L.C.		AVENUE	CLAYTON, MO 63105			ОТН	
Contact Representatives (0)	Contact Name	Address	Phone	Email	Conta	act Type	•	
STA Purpose	Section	Question			Re	sponse		
	STA Purpose	This Special Temporary Authority is requested for use of:						
Certification	Section	Question			Re	sponse		

General Certification StatementsThe 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.).The Applicant certifies that neither the Applicant nor any other party to the application (See Section 304 of the Communications Act of 1934, as amended.).The Applicant certifies that neither the Applicant nor any other party to the application (See Section 304 of the Communications Act of 1934, as amended.).Authorized Party to SignThe Applicant certifies that neither the Applicant nor any of the application is a used in this certification is a susci not indice certifies that all statements are of use application is a used in this certification is 1.2002(c). The Applicant certifies that all statements are part of this application, and are true, complete, correct, and made in good faith.Authorized Party to SignFalture To Sign This APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE CPF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain consultation of coverage requirements. Failure to meet the construction or coverage requir			
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 § 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 are true, complete, correct, and made in good faith.Authorized Party to SignFAILURE 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. Failure to meet the construction or coverage requirements. Will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction requested in this application. WILT-UL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR REVOCATION (U.S. Code, Title 18, §1001) AND/OR REVOCATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §303).		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	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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 		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	
representative of the above-named applicant for the	Authorized Party to Sign	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	
		representative of the above-named applicant for the	

Attachments

Information not provided.