

(REFERENCE COPY - Not for submission) Request for Silent Authority of an FM Translator Station Application

File Number:**BLSTA-20110630AAN**Submit Date:**06/30/2011**Lead Call Sign:**W222AF**Facility ID:**83640**

FRN: 0004121000

Service: FM TranslatorPurpose: Request for Silent STAStatus: GrantedStatus Date: 10/04/2011Filing 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							
mormation	Applicant		Address Phone		Phone	Email		Applicant Type
	IMMANUEL BROADCASTING Applicant Doing Business As: IMMANUEI BROADCASTING NETWORK		P.O.BOX 1000 CARTERSVILLE 30120 United States	, GA	+1 (770) 387 0917		EIL@IBN. RG	ОТН
Contact Representatives (1)	Contact Name	Addres	s Phon		e Email			Contact Type
	NEIL HOPPER IMMANUEL BROADCASTING NETWORK	P.O. BC CARTE 30120 United S	RSVILLE, GA	+1 (7 0917	,	NEIL@ ORG	9IBN.	Legal Representative
Station Status	Section	Question				Response		
	Station Status	Date the station went/will go silent:			06/27/2011			
		Reason 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.).	

Authorized Party to Sign	 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 	
	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.	NEIL HOPPER

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1433703_949318.txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\28\A-1433703 F-83640 L- 28610-BLSTA-20110630AAN.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion