

## Communications Commission

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

File Number: BLSTA-20161122AAD Submit Date: 11/22/2016 Lead Call Sign: W237CL Facility ID: 147666

## FRN: 0033669375

Service: FM Translator Purpose: Request for Silent STA Status: Granted Status Date: **12/01/2016** Filing Status: Active

General Information	Section	Question	Question	
	Attachments	Are attachments (other than ass filed with this application?	Are attachments (other than associated schedules) being filed with this application?	
Applicant Information	Applicant Name, T	ype, and Contact Information		
	Applicant	Address	Phone Emai	I Applicant Type

Applicant	Address	Phone	
Applicant	Audress	Phone	

Approxim	Address	Thome	Eman	Applicant Type
LONG COMMUNICATIONS, L.L.C. Applicant Doing Business As: LONG COMMUNICATIONS, L.L.C.	PO BOX 1059 HICKORY, NC 28603 United States	+1 (828) 322- 1290	JLONG@WHKY. COM	ОТН

Contact
Representatives
(1)

Contact Name	Address	Phone	Email	Contact Type
<b>JOSEPH C. CHAUTIN, III</b> HARDY, CAREY, CHAUTIN & BALKIN, LLP	1080 WEST CAUSEWAY APPROACH MANDEVILLE, LA 70471 United States	+1 (985) 629-0777	JCHAUTIN@HARDYCAREY. COM	Legal Representative

Station Status	Section	Question	Response	
	Station Status	Date the station went/will go silent:	11/19/2016	
		Reason for going silent:	Other	

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.	JEFFREY B. LONG
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>1745152 1429414.txt</u>	Applicant	All Purpose	SILENT STA JUSTIFICATION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\69\A-1745152_F- 147666_L-69631-BLSTA-20161122AAD.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion