

(REFERENCE COPY - Not for submission)

Administrative Update for an FM Translator Station Application

File Number: 0000193922Submit Date: 06/24/2022Call Sign: W248CZFacility ID: 201696FRN: 0016955916State: ConnecticutCity: KENTService: FXPurpose: Administrative UpdateStatus: ReceivedStatus Date: 06/24/2022Filing Status: Active

General Information	Section	Question			Response			
Applicant Information	Applicant Name, Type, and Contact Information							
						Applicant		
	Applicant		Address	Phone	Email	Туре		
	TRI-STATE PUBLIC COMMUN	ICATIONS,	67 MAIN	+1 (860)	MMILES@ROBINHOODRADIO.	Not-for-		
	INC.		STREET	364-4640	COM	Profit		
	Doing Business As: TRI-STATE	E PUBLIC	SHARON,					
	COMMUNICATIONS, INC.		CT 06069					
			United States					

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
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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.).	
		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 certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Marshall Miles President 06/24/2022

Information not provided.

Attachments