

(REFERENCE COPY - Not for submission) FM Translator Primary Station Notification Application

File Number: 0000226023 | Submit Date: 11/13/2023 | Lead Call Sign: K238BL | Facility ID: 146192

FRN: 0005023015

Service: FM Translator | Purpose: Change of Primary Station Notification | Status: Granted | Status Date: 02/20/2024

Filing Status: Active

General Information

Section Question Response

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
DESERT WEST AIR RANCHERS CORPORATION Doing Business As: DESERT WEST AIR RANCHERS CORPORATION	PO BOX 11060 JACKSON, WY 83002 United States	+1 (202) 293-0011	SUSAN@S- PLAW.COM	COR

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
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Change of Primary Station

Section	Question	Response
Primary Station	Facility ID	166050

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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Ted Tucker

President

11/13/2023

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
K238BL Flagstaff Input Change Exhibit.pdf	Applicant	Primary Station Notification	K238BL Primary Station Notification	Done with Virus Scan and /or Conversion