

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

File Number:0000206784Submit Date:01/12/2023Lead Call Sign:W291DDFacility ID:138258

FRN: 0002148864

Service: FM TranslatorPurpose: Change of Primary Station NotificationStatus: GrantedStatus Date: 01/19/2023Filing Status: Active

General Information	Section	Q	uestion				Re	spons	e
Applicant	Applicant Name, Type, and Contact Information								
Information	Applicant		Address		Phone		Email		Applicant Type
	Positive Alternative Radio	, Inc.	Edward A. Baker PO Box 889 Blacksburg, VA 2 United States		+1 (540) 552	-4281	eddie@spiritfm	.com	NFP
Contact Representatives (1)	Contact Name	Add	ress	Phor	ie	Ema	il	Con	tact Type
	Cary S Tepper <i>Communications Counsel</i> Tepper Law Firm, LLC	4900 Suite Beth	y S. Tepper) Auburn Avenue e 100 esda, MD 20814 ed States	+1 (3	01) 718-1818	teppe	erlaw@aol.com	Leg	al Representative

Change of Primary Station	Section	Question	Response		
	Primary Station	Facility ID	72967		

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.	Edward A Baker President 01/12/2023

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
W291DD Supporting Exhibit 1- 11-2023.docx	Applicant	Primary Station Notification	Supporting Statement	Done with Virus Scan and /or Conversion
W291DD & WSGH-AM contour map.pdf	Applicant	Primary Station Notification	W291DD & WSGH-AM Contour Map	Done with Virus Scan and /or Conversion