

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

File Number:**BLESTA-20201211AAG**Submit Date:**12/11/2020**Lead Call Sign:**W293BW** Facility ID: 157515

FRN: 0004335436

Service: FM Translator Purpose: STA Extension Status: Granted Status Date: 02/22/2021 Filing Status: Active

General Information	Section	Question				Re	Response		
	Attachments Are attachments (other than associated schedules) being filed with this application?					being			
Applicant Information	Applicant Name, Type, and Contact Information Applicant Address Phone Email Applicant Type								
	KEVIN M. FITZGERALD Applicant Doing Business As: KEVIN FITZGERALD	I M.	P.O. BOX 2 SCRANTO 18502 United Stat	N, PA	+1 (570) 4200	836-	KEVIN@KFI COM	TZ.	OTH
Contact Representatives (1)	Contact Name	Address		Phone		Email		Con	tact Type
	KEVIN M. FITZGERALD	P.O. BOX 2	0155	+1 (607)	427-0452	KEVIN	@KFITZ.COM	I Lega	al Representative

Extension Request	Section	Question	Response		
Roquoor	Extension Request	Reason for going silent:	Program Source		
		Please enter the new requested expiration date:			

SCRANTON, PA 18502

United States

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.	KEVIN M. FITZGERALD

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1823879_1577038.txt</u>	Applicant	All Purpose	REASON FOR STA	Done with Virus Scan and/or Conversion
<u>D:\data\prod\cdbs\letters\\97\A-1823879_F-</u> 157515_L-97467-BLESTA-20201211AAG.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion