Technical



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

File Number:BLSTA-20100428AAFSubmit Date:04/28/2010Lead Call Sign:W205AJFacility ID:70845

FRN: 0005047113

Status Date: 07/13/2010 Status: Granted Service: FM Translator Purpose: Request for Silent STA Filing Status: Active

General Information	Section	Question	Response
mornation	Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
WAMC Applicant	318 CENTRAL AVENUE ALBANY, NY 12206	+1 (518) 465-5233	MAIL@WAMC.ORG	ОТН
Doing Business As: WAMC	United States			

Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type
	MARGARET L. MILLER DOW LOHNES PLLC	1200 NEW HAMPSHIRE AVE. SUITE 800 WASHINGTON, DC 20036 United States	+1 (202) 776- 2000	MMILLER@DOWLOF	HNES. Legal Representative
Station Status	Section	Question			Response
	Station Status	Date the station we	nt/will go silent:		04/27/2010

Reason for going silent:

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.).	

	 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. 	DAVID GALLETLY
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.	
	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>1365594_838917.txt</u>	Applicant	All Purpose	JUSTIFICATION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\20\A-1365594_F- 70845_L-20025-BLSTA-20100428AAF.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion