

(REFERENCE COPY - Not for submission) Request to Extend a FM Translator Engineering STA Application

File Number:BESTA-20211004AAOSubmit Date:10/04/2021Lead Call Sign:W232ALFacility ID:24106

FRN: 0008518250

Service: FM Translator Purpose: STA Extension Status: Granted Status Date: 10/05/2021 Filing Status: Inactive

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

Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's (s)?	rule
	Total number of rule sections involved in this waiver re	equest:

Applicant Inform

Applicant Name, Type, and Contact Information

Information	Applicant	Address	Phone	Email	Applicant Type
	BRIDGELIGHT, LLC Applicant Doing Business As: BRIDGELIGHT, LLC	127 WHITE OAK LANE OLD BRIDGE, NJ 08857 United States	+1 (888) 861- 6100	ROB@BRIDGEFM. ORG	ОТН
Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
(1)	KATHLEEN VICTORY FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	VICTORY@FHHLAW. COM	Legal Representative
Extension	Section	Question		Respon	se
Request	Extension Request	Please enter the new reque	e:		

Certification

Section

General Certification StatementsThe 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 electronic as used in this certification § 1.2002(c). The Applicant certifies that all statements made in this application, and are true, complete, correct, and made in good faith.Authorized Party to SignPalLURE TO SIGN THIS APPLICATION MAY RESULT IN Dups grant of this application, the Authorization. Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements. Failure to ecretain construction or coverage requirements. Houthorization. Consult appropriate FCC regulations to determine the construction or coverage requirements. Houthorization. Consult appropriate FCC regulations to determine the construction or coverage requirements. Houthorization. Consult appropriate FCC regulations to determine the Consult appropriate FCC regulations to determine the Co			
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 § 1.2002(c). 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 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 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 will result in automatic cancellation to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. Will result in automatic cancellatio		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	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDDismissal 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 		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	
representative of the above-named applicant for the	Authorized Party to Sign	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	
		representative of the above-named applicant for the	LLOYD PULLEY

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1816921_44664204.pdf</u>	Applicant	All Purpose	W232AL Proposed STA and WPLJ FIII-In Translator Map	Done with Virus Scan and/or Conversion
<u>1816921_44664286.pdf</u>	Applicant	All Purpose	W232AL Licensed and Proposed STA Service and Interfering Contours	Done with Virus Scan and/or Conversion
<u>1828556_1581829.txt</u>	Applicant	All Purpose	FILL-IN TRANSLATOR EXHIBIT	Done with Virus Scan and/or Conversion
<u>1828556 1581830.txt</u>	Applicant	All Purpose	ENGINEERING STATEMENT	Done with Virus Scan and/or Conversion

Attachments

<u>1828556_1581831.txt</u>	Applicant	All Purpose	ENVIRONMENTAL STATEMENT	Done with Virus Scan and/or Conversion
<u>1828556_1581832.txt</u>	Applicant	All Purpose	EXTRAORDINARY CIRCUMSTANCES EXPLANATION	Done with Virus Scan and/or Conversion
2:\data\prod\cdbs\letters\\99\A- 828556 F-24106 L-99377-BESTA- 0211004AAO.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion