

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

File Number: BLSTA-20130619AAH | Submit Date: 06/19/2013 | Lead Call Sign: W212BV | Facility ID: 85887

FRN: 0022491476

Service: FM Translator | Purpose: Request for Silent STA | Status: Granted | Status Date: 09/12/2013 | Filing Status:

**Active** 

# General Information

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

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Applicant Doing Business As: EDUCATIONAL MEDIA FOUNDATION	5700 WEST OAKS BLVD. ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	ОТН

### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
<b>DAVID OXENFORD</b> WILKINSON BARKER KNAUER, LLP	2300 N STREET, NW SUITE 700 WASHINGTON, DC 20037 United States	+1 (202) 783- 4141	DOXENFORD@WBKLAW.	Legal Representative

#### **Station Status**

Section	Question	Response
Station Status	Date the station went/will go silent:	05/20/2013
	Reason for going silent:	Other

#### 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	
Authorized Farty to Sign	FAILURE TO SIGN THIS AFFLICATION MAT RESULT IN	
Authorized Farty to Sign	DISMISSAL OF THE APPLICATION AND FORFEITURE	
Authorized Faity to Sign	DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID	
Authorized Party to Sign	DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may	
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.	
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	
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.	
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### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
1559776 1115713.txt	Applicant	All Purpose	REASON FOR STA	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\43\A-1559776 F-85887 L- 43549-BLSTA-20130619AAH.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion

I declare, under penalty of perjury, that I am an authorized

representative of the above-named applicant for the

Authorization(s) specified above.

**MIKE NOVAK**