

# (REFERENCE COPY - Not for submission) FM Translator Engineering STA Application

 File Number:
 BSTA-20170410AGL
 Submit Date:
 04/10/2017
 Lead Call Sign:
 W272DG
 Facility ID:
 157119

#### FRN: 0006105746

Service: FM TranslatorPurpose: Engineering STAStatus: GrantedStatus Date: 04/13/2017Filing Status:Inactive

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	
Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Noncommercial Educational Licensee or Permittee
	Is the applicant exempt from FCC regulatory Fees?	
Waivers	Does this filing request a waiver of the Commission's rule (s)?	
	Attachments Section Fees	Attachments       Are attachments (other than associated schedules) being filed with this application?         Section       Question         Fees       Is the applicant exempt from FCC application Fees?         Indicate reason for fee exemption:       Is the applicant exempt from FCC regulatory Fees?         Waivers       Does this filing request a waiver of the Commission's rule

### Applicant Information

## Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MICHIGAN COMMUNITY RADIO Applicant Doing Business As: MICHIGAN COMMUNITY RADIO	3302 N. VAN DYKE RD. IMLAY CITY, MI 48444 United States	+1 (810) 724- 2638	ED@SMILE. FM	ОТН

Total number of rule sections involved in this waiver request:

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
<b>EDWARD CZELADA</b> PRESIDENT	3302 N VAN DYKE RD IMLAY CITY, MI 48444 United States	+1 (810) 895-2040	ED@SMILE.FM	Technical Representative
EDWARD CZELADA	3302 N. VAN DYKE RD. IMLAY CITY, MI 48444 United States	+1 (810) 895-2040	ED@SMILE.FM	Legal Representative

STA Purpose	Section	Question	Response
	STA Purpose	This Special Temporary Authority is requested for use of:	

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	EDWARD CZELADA

#### Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1754935_1446358.txt</u>	Applicant	All Purpose	REASON FOR STA	Done with Virus Scan and/or Conversion
<u>1754935_28115996.pdf</u>	Applicant	All Purpose	Proposed VS License Contour Map (fits inside licensed 60 dBu)	Done with Virus Scan and/or Conversion
<u>1754935_28116276.pdf</u>	Applicant	All Purpose	U/D Study	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\73\A-1754935 F- 157119_L-73414-BSTA-20170410AGL.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion

D:\data\prod\cdbs\letters\\73\A-1754935_F-	Internal	All Purpose	imported letter
157119 L-73415-BSTA-20170410AGL.pdf			

Done with

Virus Scan

and/or Conversion