

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

File Number:**BLSTA-20120914AAG**Submit Date:**09/14/2012**Lead Call Sign:**K257CD**Facility ID:**38482** 

## FRN: 0028697977

Service: FM TranslatorPurpose: Request for Silent STAStatus: GrantedStatus Date: 11/14/2012Filing Status:Active

General Information	Section	Question			Respons	Response	
	Attachments       Are attachments (other than association filed with this application?			ciated schedules) being			
Applicant	Applicant Name, Type						
Information	Applicant		Address	Phone	Email	Applicant Type	
	MICHAEL PIAZZA, LLC Applicant Doing Business As: MICHAEL PIAZZA, LLC		8513 E. KEIM DRIVE       +1 (602) 273-6770         SCOTTSDALE, AZ 85250       United States		70	OTH	
Contact Representatives (1)	Contact Name	Address	Phone	Email		Contact Type	
	FRIEDMAN, ESQ. THOMPSON HINE LLP	SUITE 800 1920 N STREET, N W. WASHINGTON, DC 20036 United States		BARRY. FRIEDMAN@THOMPSO COM	NHINE.	Legal Representative	
Station Status	Section	Question			Respons	e	
	Station Status Date the stati		on went/will go silen	t:	09/11/2012		
		Reason for g	oing silent:	:		Technical	

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.).	

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	MICHAEL PIAZZA
uthorized 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>	
	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>1515663_1061304.txt</u>	Applicant	All Purpose	BASIS FOR REQUEST	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\37\A-1515663 F-38482 L- 37712-BLSTA-20120914AAG.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion