

### Communications Commission

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

File Number:**BLSTA-20160411AAQ**Submit Date:**04/11/2016**Lead Call Sign:**K266BK**Facility ID:**91845** 

### FRN: 0006395925

Purpose: Request for Silent STA Status: Granted Service: FM Translator Status Date: 04/27/2016 Filing Status: Active

General Information	Section	Question	Response
	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** PO BOX 391 CALVARY CHAPEL OF TWIN FALLS, INC. +1 (208) LOISM@CSNRADIO. OTH TWIN FALLS, Applicant 733-3133 COM ID 83303 Doing Business As: CALVARY CHAPEL OF TWIN FALLS, INC. **United States** 

# Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
<b>CARY TEPPER</b> TEPPER LAW FIRM, LLC	4900 AUBURN AVENUE, SUITE 100 BETHESDA, MD 20814-2632 United States	+1 (301) 718- 1818	TEPPERLAW@AOL. COM	Legal Representative

# **Station Status**

Section	Question	Response
Station Status	Date the station went/will go silent:	04/09/2016
	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.).	

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	MICHAEL KESTLER
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. 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).	
	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>1726150_1393924.txt</u>	Applicant	All Purpose	REASON FOR REQUEST FOR SILENCE	Done with Virus Scan and /or Conversion
D:\data\prod\cdbs\letters\\64\A-1726150_F- 91845_L-64725-BLSTA-20160411AAQ.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and /or Conversion