

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

File Number:BLSTA-20161011AABSubmit Date:10/11/2016Lead Call Sign:K246COFacility ID:156483

### FRN: 0025915711

Service: FM Translator | Purpose: Request for Silent STA | Status: Granted Status Date: **11/09/2016** Filing Status: Active

| General<br>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 |
|---|---|-----------------------|-------|----------------|
| AIRCRAFT STORAGE SOLUTIONS, LLC.<br>Applicant<br>Doing Business As: AIRCRAFT STORAGE<br>SOLUTIONS, LLC. | NUMBER 10 MEDIA<br>CENTER DRIVE<br>LAKE HAVASU CITY, AZ<br>86403<br>United States | +1 (520) 855-<br>1051 |       | OTH            |

Contact Representatives (1)

| Contact Name  | Address  | Phone                 | Email                   | Contact Type            |
|---|--|-----------------------|-------------------------|-------------------------|
| JOHN GARZIGLIA<br>WOMBLE CARLYLE SANDRIDGE &<br>RICE, LLP | 1200 19TH<br>STREET, N.W.<br>SUITE 100<br>WASHINGTON, DC<br>20036<br>United States | +1 (202) 857-<br>4455 | JGARZIGLIA@WCSR.<br>COM | Legal<br>Representative |

### **Station Status**

| Section        | Question                              | Response   |
|----------------|---------------------------------------|------------|
| Station Status | Date the station went/will go silent: | 09/10/2016 |
|                | Reason for going silent:              | Technical  |

#### Certification

| Section                             | Question  | Response |
|-------------------------------------|---|----------|
| General Certification<br>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<br>other party to the application is subject to a denial of<br>Federal benefits pursuant to §5301 of the Anti-Drug Abuse<br>Act of 1988, 21 U.S.C. § 862, because of a conviction for<br>possession or distribution of a controlled substance. This<br>certification does not apply to applications filed in services<br>exempted under §1.2002(c) of the rules, 47 CFR . See §1.<br>2002(b) of the rules, 47 CFR § 1.2002(b), for the definition<br>of "party to the application" as used in this certification §<br>1.2002(c). The Applicant certifies that all statements made<br>in this application and in the exhibits, attachments, or<br>documents incorporated by reference are material, are part<br>of this application, and are true, complete, correct, and<br>made in good faith.  |                |
|--------------------------|---|----------------|
| Authorized Party to Sign | <ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE<br/>OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may<br/>be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements<br/>will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the<br/>construction or coverage requirements that apply to the type<br/>of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM<br/>OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE<br/>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<br/>/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.  | RICK L. MURPHY |

## Attachments

| File Name  | Uploaded By | Attachment Type | Description  | Upload Status                                   |
|--|-------------|-----------------|--|---|
| <u>1741673 1422240.txt</u>   | Applicant   | All Purpose     | TECHNICAL<br>REASON FOR<br>STA TO REMAIN<br>SILENT | Done with<br>Virus Scan<br>and/or<br>Conversion |
| D:\data\prod\cdbs\letters\\69\A-1741673_F-<br>156483_L-69142-BLSTA-20161011AAB.pdf | Internal    | All Purpose     | imported letter                                    | Done with<br>Virus Scan<br>and/or<br>Conversion |