

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

File Number: BLSTA-20150715AAJ Submit Date: 07/15/2015 Lead Call Sign: K216FQ Facility ID: 71984

FRN: 0006395925

Service: FM Translator | Purpose: Request for Silent STA | Status: Granted | Status Date: 08/05/2015 | Filing Status:

Inactive

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

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
CARY TEPPER BOOTH, FRERET, IMLAY AND TEPPER, PC	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:	06/22/2015
	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.).	

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).

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

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
1683113 1310907.txt	Applicant	All Purpose	REASON FOR SILENCE	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\59\A-1683113 F-71984 L- 59988-BLSTA-20150715AAJ.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion