

 Service:
 FM Translator
 Purpose:
 Resume Operations
 Status:
 Granted
 Status Date:
 08/26/2015
 Filing Status:

 Active

General Information	Section Que		ion			Respons	se
	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
	SSR COMMUNICATIONS, INC Applicant Doing Business As: SSR COMMUNICATIONS, INC.		740 HIGHWAY 49 NORTH SUITE R FLORA, MS 39071 United States	+1 (601) 201-2789	ENGINEERING COM	G@WYAB.	ОТН
Contact Representatives	Contact Name		Address	Phone	Email	(Contact Type
(1)	MATTHEW WESOLOWSKI WYAB C/O SSR COMMUNICA INC.	TIONS,	740 HIGHWAY 49 SUITE R FLORA, MS 39071 United States	+1 (601) 201- 2789	MATT@WY COM		Legal Representative
Station Status	Section Question				Response		
	Station Status	Date the station resumed full power/operations:			s:	08/14/2015	

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.).	

	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.	MATTHEW WESOLOWSKI
	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	
Authorized Party to Sign	made in good faith. FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE	
	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	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1686011_1315840.</u> <u>txt</u>	Applicant	All Purpose	RETURN TO AIR PARAMETERS	Done with Virus Scan and/or Conversion