

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

File Number: BLESTA-20200218AAF | Submit Date: 02/18/2020 | Lead Call Sign: W229AD | Facility ID: 21802

FRN: 0001810977

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 03/12/2020 | 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
FLORIDA STATE UNIVERSITY Applicant Doing Business As: FLORIDA STATE UNIVERSITY	1600 RED BARBER PLAZA TALLAHASSEE, FL 32310 United States	+1 (850) 487- 3170	DCRALL@FSU. EDU	ОТН

#### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
<b>DAVID A. O'CONNOR</b> WILKINSON BARKER KNAUER, LLP	1800 M STREET, NW SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383- 3429	DOCONNOR@WBKLAW.	Legal Representative

### Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Technical
	Please enter the new requested expiration date:	

#### 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.

#### **DAVID MULLINS**

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1815548 1559743.txt</u>	Applicant	All Purpose	EXHIBIT 2	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\94\A-1815548 F-21802 L- 94266-BLESTA-20200218AAF.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion