

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

File Number:**BLSTA-20070320AJJ**Submit Date:**03/20/2007**Lead Call Sign:**K203BQ**Facility ID:**69404**

FRN: 0008131245

Service: FM TranslatorPurpose: Request for Silent STAStatus: GrantedStatus Date: 03/21/2007Filing Status:Active

General Information	Section	Section Question		Response		
mornaton	Attachments	Attachments Are attachments (other than associated schedules) be filed with this application?				
Applicant Information	Applicant Name, Type, and Contact Information					
momaton	Applicant		Address	Phone	Email Applicant Type	
	EDUCATIONAL COMMUNICATIONS OF COLORADO SPRINGS, INC. Applicant Doing Business As: EDUCATIONAL COMMUNICATIONS OF COLORADO SPRINGS, INC.		1665 BRIARGATE BLVD. SUITE 100 COLORADO SPRINGS, CO 80920 United States	+1 (719) 590-1866	OTH	
Contact Representatives	Contact Name	Address	Phone	Email	Contact Type	
(1)	LEE J. PELTZMAN SHAINIS & PELTZMAN, CHARTERED	1850 M STREET, NV SUITE 240 WASHINGTON, DC 20036 United States	V +1 (202) 293- 0011	LEE@S-PLA\ COM	W. Legal Representative	
Station Status	Section	Question		F	Response	
	Station Status	Date the station went/will go silent:			03/12/2007	
		Reason for going silent:			Fechnical	

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	DR. RONALD A. JOHNSON

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1177549_478541.</u> <u>txt</u>	Applicant	All Purpose	REASON FOR REQUEST	Done with Virus Scan and/or Conversion