

(REFERENCE COPY - Not for submission)

Request for Silent Authority of an Analog LPTV Station Application

 File Number:
 BLSTA-20090213ADF
 Submit Date:
 02/13/2009
 Call Sign:
 WWKQ-LP
 Facility ID:
 60369
 FRN:

 0026907345
 State:
 Puerto Rico
 City:
 QUEBRADILLAS
 Facility ID:
 60369
 FRN:

 Service:
 LPA
 Purpose:
 Request for Silence STA
 Status:
 Granted
 Status Date:
 02/18/2009
 Expiration Date:

 07/19/2009
 Filing Status:
 InActive
 Filing Status:
 InActive
 Filing Status:
 Filing Status:

General Information	Section Question			Respo	Response		
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant		Address	Phone	Email	Applicant Type	
	CMCG PUERTO RICO LICEN Applicant Doing Business As: CMCG PU LICENSE LLC		900 LASKIN ROAD VIRGINIA BEACH, VA 23451 United States	+1 (757) 437- 9800		Other	
	Authorization Holder Nam		ng updated because of the sal	e (or transfer of con	trol) of t	he	

Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	ERWIN G. KRASNOW, ESQ. GARVEY SCHUBERT BARER	1000 POTOMAC STREET, N.W. 5TH FLOOR WASHINGTON, DC 20007 United States	+1 (202) 965- 7880	EKRASNOW@GSBLAW. COM	Legal Representative

Station Status	Question	Response	
	Date Station Went Silent:	01/19/2009	

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.).	
		The Applicant certifies that neither the Applicant nor any 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 made in good faith.	
	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 certify that this application includes all required and relevant attachments. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	DAVID J. WILHELM

File Name	Uploaded By	Attachment Type	Description
<u>1295464_729975.txt</u>	Applicant	All Purpose	JUSTIFICATION FOR OFF- AIR STATUS
D:\data\prod\cdbs\letters\\11\A-1295464 F-60369 L-11130- BLSTA-20090213ADF.pdf	Internal	All Purpose	imported letter