

(REFERENCE COPY - Not for submission)

# **Tolling**

File Number: **0000179493** Submit Date: **01/10/2022** Call Sign: **DWDLE-LP** Facility ID: **125825** FRN: **0006078760** 

State: Tennessee City: PIGEON FORGE

Service: LPD Purpose: Tolling Status: Dismissed Status Date: 05/12/2022 Filing Status: InActive

# General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

# Applicant Information

### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
RICHARK C & LISA GOETZ Applicant	135 N Country Club Dr HENDERSONVILLE, TN	+1 (615) 826- 0792	rickg@rlmediasystems.	Other
Doing Business As: RICHARD C & LISA GOETZ	37075 United States			

#### **Authorization Holder Name**

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

## Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
Richard Goetz  Partenr  RICHARD & LISA  GOETZ	135 N Country Club Dr Hendersonville, TN 37075 United States	+1 (615) 826- 0792	RICKG@RLMEDIASYSTEMS. COM	Technical Representative

## **Tolling Questions**

Section	Question	Response
Applicant certifies that construction cannot be completed due to:	Legal reasons beyond station's control (e.g., litigation, international coordination):	
	Severe financial hardship (e.g., bankruptcy, negative cash flow):	
	other reasons (e.g., natural disasters):	Yes
	Has the construction period for this station been previously extended?	Yes
	Applicant requests that the time within which to complete construction be extended until:	02/10 /2022

## Certification

Question	Response
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.	
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.	Yes
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Richard C Goetz Partner 01/10/2022
	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 §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.  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 will result in automatic cancellation of the Authorization.  Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation of the Authorization.  Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation of the Authorization.  Consult appropriate FCC regulations to determine the construction or coverage requirements and propriate for the subject

### **Attachments**

File Name	Uploaded By	Attachment Type	Description
CCF01102022.pdf	Applicant	All Purpose	Declaration
Manufacture.pdf	Applicant	All Purpose	
WDLETollingDeficiencyEmail.pdf	Internal	All Purpose	
WDLETollingDeficiencyLetter.pdf	Internal	All Purpose	