

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20220112AAL

Section I - General Information

1.	Legal Name of the Applicant HUDSON VALLEY PUBLIC RADIO, INC.		
	Mailing Address P.O. BOX 920 15 NEVERSINK DRIVE		
	City PORT JERVIS	State or Country (if foreign address) NY	Zip Code 12771 -
	Telephone Number (include area code) 8458566000		E-Mail Address (if available) BUDWILLIAMSON@DRE.C C
	FCC Registration No 0023315781	Call Sign WJZZ	Facility ID Number 89510
2.	Contact Representative (if other than licensee/permittee) DAVID G. O'NEIL, ESQ.		Firm or Company Name RINI O'NEIL, PC
	Mailing Address 1200 NEW HAMPSHIRE AVENUE, NW SUITE 600		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
	Telephone Number (include area code) 2029553931		E-Mail Address (if available) DONEIL@RINIONEIL.COM
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations <input type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input checked="" type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4.	Community of License: City: MONTGOMERY State: NY		
5.	Reason for going silent: <input type="radio"/> Technical <input checked="" type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request		[Exhibit 1]
7.	Date Station has gone / will go silent: 02/18/2021 (mm/dd/yyyy)		

8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
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I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing CHARLES WILLIAMSON	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 01/12/2022

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 1

Description: JUSTIFICATION

STATION WENT SILENT AT END OF PRIOR ENGINEERING STA. NOTIFICATION OF SILENT REQUEST IS LATE AS I NEGLECTED TO COMPLETE IT AT THE TIME AND SPENT 2021 IN REACT MODE DUE TO THE CORONAVIRUS ADVENTURE. STATION WILL BE BACK ON THE AIR BEFORE END OF 1 YEAR SILENT PERIOD OF FEBRUARY 18, 2022.

Attachment 1
