

Notification of Suspension of Operations / Request for Silent STA

Read Instructions/FAQ before filling out form

FOR COMMISSION USE ONLY
FILE NO.

BLSTA - 20220106AAB
AMENDMENT

Section I - General Information

1.	Legal Name of the Applicant KOWS COMMUNITY RADIO		
	Mailing Address P O BOX 1073		
	City OCCIDENTAL	State or Country (if foreign address) CA	Zip Code 95465 -
	Telephone Number (include area code) 7078749090		E-Mail Address (if available) KOWS@SONIC.NET
	FCC Registration No 0014041529	Call Sign KOWS-LP	Facility ID Number 124420
2.	Contact Representative (if other than licensee/permittee) MICHAEL COUZENS	Firm or Company Name MICHAEL COUZENS LAW OFFICE	
	Mailing Address 6536 TEEGRAPH AVENUE, SUITE B201		
	City OAKLAND	State or Country (if foreign address) CA	ZIP Code 94609 -
	Telephone Number (include area code) 5106587654		E-Mail Address (if available) CUZ@WELL.COM
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations <input checked="" type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4.	Community of License: City: OCCIDENTAL State: CA		
5.	Reason for going silent: <input checked="" type="radio"/> Technical <input 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: 12/05/2021 (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.

Yes No

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 DON CAMPAU	Typed or Printed Title of Person Signing KOWS SPOKESPERSON
Signature	Date (mm/dd/yyyy) 01/06/2022

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: REASON FOR SILENCE

KOWS-LP NO LONGER HAS ACCESS TO THE LICENSED SITE. CONSTRUCTION PERMIT 0000170418 SEEKS TO RELOCATE TO A DIFFERENT SITE. IN THE MEANTIME KOWS-LP REQUESTS TEMPORARY AUTHORITY TO REMAIN SILENT.

Attachment 1
