

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		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant	
	Mailing Address	
	City	State or Country (if foreign address)
	Zip Code	
	Telephone Number (include area code)	E-Mail Address (if available)
	FCC Registration No	Call Sign
	Facility ID Number	
2.	Contact Representative (if other than licensee/permittee)	
	Firm or Company Name	
	Mailing Address	
	City	State or Country (if foreign address)
	ZIP Code	
	Telephone Number (include area code)	E-Mail Address (if available)
3.	Purpose:	
	<input type="radio"/> Notification of Suspension of Operations	
	<input 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:	State:
5.	Reason for going silent:	
	<input 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: (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 type="radio"/> Yes <input type="radio"/> 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	Typed or Printed Title of Person Signing
Signature	Date (mm/dd/yyyy)

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:

Attachment 1
