

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Notification of Suspension of Operations / Request for Silent STA</b>		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20210902AAI
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant BOLL WEEVIL COMMUNICATIONS, LLC	
	Mailing Address 2518 COLUMBIA HIGHWAY	
	City DOTHAN	State or Country (if foreign address) AL
	Zip Code 36303 -	
	Telephone Number (include area code) 3347921149	E-Mail Address (if available) MHOLDERFIELD@WEEVIL101.COM
	FCC Registration No 0001762038	Call Sign WVVL
		Facility ID Number 19141
2.	Contact Representative (if other than licensee/permittee) BOLL WEEVIL COMMUNICATIONS, LLC	Firm or Company Name
	Mailing Address 100 NORTH MAIN STREET	
	City ENTERPRISE	State or Country (if foreign address) AL
	ZIP Code 36330 -	
	Telephone Number (include area code) 3343475621	E-Mail Address (if available) MHOLDERFIELD@WEEVIL101.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: ELBA State: AL	
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: 09/01/2021 (mm/dd/yyyy)	
8.	Anti-Drug Abuse Act Certification. Applicant certifies that	<input checked="" type="radio"/> Yes <input type="radio"/> No

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.

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 MICHAEL HOLDERFIELD	Typed or Printed Title of Person Signing MEMBER
Signature	Date (mm/dd/yyyy) 09/02/2021

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).

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## Exhibits

### Exhibit 1

**Description:** JUSTIFICATON FOR SILENT STA

ON AUGUST 16, 2021, TROPICAL STORM FRED CAUSED STRUCTURAL DAMAGE TO THE TOWER ASR 1036509 WVVL FAC ID 19141 TRANSMITS FROM. ANALYSIS OF THE DAMAGE CONCLUDED THE TOWER WILL HAVE TO BE RAZED. LEAVING WVVL WITHOUT A TRANSMITTING TOWER. THE TOWER WILL BE RAZED 09/03/2021.

IN PREPARATION, WVVL SIGNED OFF AT MIDNIGHT 08/31/2021 TO REMOVE ITS TRANSMITTER FROM THE PROPERTY.

THIS STA IS NEEDED FOR TIME TO LOCATE/CONSTRUCT A SUITABLE TOWER FOR RE-LOCATION.

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## Attachment 1

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