

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 887179

**Description: FCC NOTICE OF SUSPENSION OF OPERATIONS AND STA
REQUEST WXCF(AM), CLIFTON FORGE, VA**
Application Reference Number: 20120119ABJ
Successfully filed at Jan 19 2012 12:17PM

Based on the information supplied, no fee is required.

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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. - 20120119ABJ
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant WVJT, LLC		
	Mailing Address 2307 PRINCESS ANN STREET		
	City GREENSBORO	State or Country (if foreign address) NC	Zip Code 27408 -
	Telephone Number (include area code) 3362862087		E-Mail Address (if available) COTTONBAY@AOL.COM
	FCC Registration No 0014928618	Call Sign WXCF	Facility ID Number 28341
2.	Contact Representative (if other than licensee/permittee) A. WRAY FITCH III	Firm or Company Name GAMMON & GRANGE, P.C.	
	Mailing Address 8280 GREENSBORO DRIVE, 7TH FLOOR		
	City MCLEAN	State or Country (if foreign address) VA	ZIP Code 22102 - 3807
	Telephone Number (include area code) 7037615013		E-Mail Address (if available) AWF@GG-LAW.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: CLIFTON FORGE State: VA		
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: 1/18/2012 (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		<input checked="" type="radio"/> Yes <input type="radio"/> No

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 TODD P. ROBINSON	Typed or Printed Title of Person Signing MEMBER
Signature	Date (mm/dd/yyyy) 1/19/2012

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: EXHIBIT 1

WVJT, LLC REQUESTS AUTHORITY TO REMAIN DARK PENDING NEEDED SIGNIFICANT REPAIRS AND UPDATING OF THE STATION'S FACILITIES. WVJT REQUESTS A 90 DAY STA

Attachment 1
