

## (REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

 File Number:
 0000210986
 Submit Date:
 02/17/2023
 Lead Call Sign:
 KSNX
 Facility ID:
 171019

## FRN: 0007120553

 Service:
 Full Power FM
 Purpose:
 Engineering STA
 Status:
 Submitted
 Status Date:
 02/17/2023
 Filing Status:

 Active
 Status
 Status

| General<br>Information           | Section   | Questic   | Question   |                         |              |         | Response       |  |
|----------------------------------|---|---|--|-------------------------|--------------|---------|----------------|--|
|                                  | Attachments   |   | Are attachments (other than associated schedules) being filed with this application? |                         |              |         |                |  |
|                                  |   |   |  |                         |              |         |                |  |
| Fees, Waivers,<br>and Exemptions | Section   | Questic   | 'n   |                         |              | Respons | e              |  |
|                                  | Fees Is t   |   | oplicant exempt from FCC   | application Fees?       |              | No      |                |  |
|                                  |   | Indicate  | reason for fee exemption   | ison for fee exemption: |              |         |                |  |
|                                  |   | Is the applicant exempt from FCC regulatory Fees? |  |                         |              | No      |                |  |
|                                  | Waivers   | Does th<br>(s)?                                   | Does this filing request a waiver of the Commission's rule (s)?                      |                         |              | No      |                |  |
|                                  |   | Total nu  | Total number of rule sections involved in this waiver request:                       |                         |              |         |                |  |
|                                  |   |   |  |                         |              |         |                |  |
|                                  | Application Type  | Call S  | Sign Facility ID   | Fee C                   | ode          | Fee A   | mount          |  |
|                                  | Engineering STA   |   |  | MVY                     |              | \$210.  | 00             |  |
|                                  |   |   |  | Total                   |              |         |                |  |
| Applicant<br>Information         | Applicant Name, Type, and Contact Information                                       |   |  |                         |              |         |                |  |
| monnation                        | Applicant   |   | Address  | Phone                   | Email        |         | Applicant Type |  |
|                                  | <b>PETRACOM OF HOLBROOK, LLC</b><br>Doing Business As: PETRACOM OF<br>HOLBROOK, LLC |   | Henry A. Ash<br>155 Limeburn Trail<br>ST SIMONS ISLAND,<br>GA 31522<br>United States | +1 (813) 404-<br>1858   | HANKA<br>COM | SH@AOL. | LLC            |  |
| Contact<br>Representatives       | Contact Name  | Address   | Phone  | Email                   |              | C       | ontact Type    |  |

| Contact Name   | Address  | Phone                 | Email                     | Contact Type            |
|--|--|-----------------------|---------------------------|-------------------------|
| M. Scott Johnson , Esq<br><i>Legal Counsel</i><br>Smithwick & Belendiuk,<br>PC | M. Scott Johnson<br>5028 Wisconsin Avenue,<br>NW<br>Suite 301<br>Washington, DC 20016<br>United States | +1 (202) 256-<br>5941 | sjohnson@fccworld.<br>com | Legal<br>Representative |
|  |  |                       |                           |                         |

(1)

| Section     | Question  | Response                                    |  |  |
|-------------|---|---|--|--|
| STA Purpose | This Special Temporary Authority is requested for use of: | Licensed Antenna System with: Reduced Power |  |  |

Certification

| Section                             | Question  | Response                                      |
|-------------------------------------|---|---|
| General Certification<br>Statements | The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).   |   |
|                                     | The Applicant certifies that neither the Applicant nor any<br>other party to the application is subject to a denial of<br>Federal benefits pursuant to §5301 of the Anti-Drug Abuse<br>Act of 1988, 21 U.S.C. § 862, because of a conviction for<br>possession or distribution of a controlled substance. This<br>certification does not apply to applications filed in services<br>exempted under §1.2002(c) of the rules, 47 CFR . See §1.<br>2002(b) of the rules, 47 CFR § 1.2002(b), for the definition<br>of "party to the application" as used in this certification §<br>1.2002(c). The Applicant certifies that all statements made<br>in this application and in the exhibits, attachments, or<br>documents incorporated by reference are material, are part<br>of this application, and are true, complete, correct, and<br>made in good faith.  |   |
| Authorized Party to Sign            | <ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE<br/>OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may<br/>be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements<br/>will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the<br/>construction or coverage requirements that apply to the type<br/>of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM<br/>OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE<br/>AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND<br/>/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul> |   |
|                                     | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.  | HENRY A. ASH<br>MANAGING MEMBER<br>02/17/2023 |

## Attachments

| File Name                         | Uploaded By Attachment Type |             | Description                          | Upload Status                              |  |
|-----------------------------------|-----------------------------|-------------|--------------------------------------|--|--|
| KSNX STA Extension<br>Request.pdf | Applicant                   | STA Purpose | Request for Extension of<br>KSNX STA | Done with Virus Scan and<br>/or Conversion |  |