

(REFERENCE COPY - Not for submission)

# Administrative Update for a DTV Station Application

File Number: 0000021993 | Submit Date: 02/10/2017 | Call Sign: WAWD | Facility ID: 54938 | FRN: 0004941621 | State:

Florida City: FORT WALTON BEACH

Service: DTV Purpose: Administrative Update Status: Received Status Date: 02/10/2017 Filing Status: Active

# General Information

Section Question Response	ion	Question		Response
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# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
BEACH TV PROPERTIES, INC.  Doing Business As: BEACH TV  PROPERTIES, INC.	Byron J. Colley, Jr. 8317 Front Beach Road Suite 23 PANAMA CITY, FL 32407 United States	+1 (850) 276- 9552	jud. colley@tripsmarter. com	Corporation

#### **Authorization Holder Name**

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

### Contact Representatives (3)

Contact Name	Address	Phone	Email	Contact Type
Clarence M. Beverage	PO Box 1130	+1 (856) 985-	CBeverage@CommTechRF.	Technical
Consulting Engineer	Marlton, NJ 08053	0077	com	Representative
Communications	United States			
Technologies, Inc.				
Wade Thomaston	PO Box 9556	+1 (850) 258-	wade.	Technical
Contract Engineer	Panama City Beach,	1796	thomaston@tripsmarter.	Representative
Beach TV Properties, Inc.	FL 32417		com	
	United States			
Kathleen Victory , Esq .	1300 N. 17th Street	+1 (703) 812-	victory@fhhlaw.com	Legal
FCC Counsel	11th Floor	0400		Representative
Fletcher Heald & Hildreth,	Arlington, VA 22209			
PLC	United States			

### Certification

Section	Question	Response
General Certification 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 other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID  Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.  Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.  WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jud Colley  Pres  02/10/2017

#### **Attachments**

Information not provided.