Response



s (REFERENCE COPY - Not for submission)

Section

DTV Legal STA Application

Question

File Number: 0000022030 S		Submit Date: 02/14/2017		Cal	Call Sign: WXVT Fa		25236	FRN: 0005077524	State:
Mississippi	City: GRE	City: GREENVILLE							
Service: DTV	Purpose:	egal STA	Status: Pendi	ng	Status Date: 02	/14/2017	Filing Stat	tus: InActive	

General Information

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Legal STA	MGT	\$190.00
	Total	\$190.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
John Wagner	John Wagner 2029 CENTURY PARK EAST Suite 2010 Los ANGELES, CA 90067 United States	+1 (310) 203-4200	swoodworth@edingerlaw.net	Individual

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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	Scott Woodworth Edinger Associates PLLC	1875 I Street, NW Suite 500 Washington, DC 20006 United States	+1 (202) 747- 1694	swoodworth@edingerlaw. net	Legal Representative

Channel and	
Facility	
Information	

Section	Question	Response
Facility ID	25236	
State	Mississippi	
City	GREENVILLE	
DTV Channel	15	
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

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.	John Wagner Licensee 02/14/2017

Attachments	File Name	Uploaded By	Attachment Type	Description
	Document1.pdf	Applicant	General Information	