

Federal Communications Commission (REFERENCE COPY - Not for submission)

DTV Legal STA Application

File Number: 0000034097 Submit Date: 10			e: 10/24/2017	Call Sig	n: WPWR-TV	Facility II	D: 48772	FRN: 00057950	67
State: Indiana	City: GAF	RY							
Service: DTV	Purpose: L	egal STA	Status: Super	ceded	Status Date: 11/0	02/2017	Filing Status	: InActive	

General	
Information	

Fees, Waivers, and Exemptions

Question	Response
Question	Response
Is the applicant exempt from FCC application Fees?	No
Indicate reason for fee exemption:	
Does this filing request a waiver of the Commission's rule(s)?	Yes
Total number of rule sections involved in this waiver request:	1
	Question Is the applicant exempt from FCC application Fees? Indicate reason for fee exemption: Does this filing request a waiver of the Commission's rule(s)?

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

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FOX TELEVISION STATIONS, LLC	400 N. CAPITOL STREET, NW SUITE 890 WASHINGTON, DC 20001 United States	+1 (202) 824- 6522	JDISCIPIO@21CF. COM	Limited Liability Company

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	Address	Phone	Email	
Representatives (1)	Joseph M. Di Scipio Senior Vice President Legal and FCC Compliance Fox Television Stations, LLC	Joseph M. Di Scipio 400 North Capitol Street, NW Suite 890 Washington, DC 20001 United States	+1 (202) 824- 6522	jdiscipio@21cf. com

Contact Type

Representative

Legal

Channel and	Section	Question	Response
Facility Information	Facility ID	48772	
	State	Indiana	
	City	GARY	
	DTV Channel	51	
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	1
		1	

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.	Joseph M. Di Scipio SVP, Legal and FCC Compliance
			10/24/2017

Attachments	
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File Name	Uploaded By	Attachment Type	Description
WPWR-TV CSA-Cease Operations Extension Waiver Request.	Applicant	All Purpose	WPWR-TV CSA Waiver.