Approved by OMB (Office of Management and Budget) 3060-1240
September 2017

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# Transition Plan Progress Report

File Number: **0000039299** | Submit Date: **01/10/2018** | Call Sign: **KWQC-TV** | Facility ID: **6885** | FRN: **0018223693** | State: **Iowa** | City: **DAVENPORT**

Service: **DTV** | Purpose: **Transition Plan Progress Report** | Status: **Received** | Status Date: **01/10/2018** | Filing Status: **Active**

## General Information

| Section | Question | Response |
|---|---|---|
| **Filing Information** | Filing Type | Quarterly |
| | Year | 2017 |
| | Quarter | Fourth Quarter |
| **Attachments** | Are attachments (other than associated schedules) being filed with this application? | No |

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **GRAY TELEVISION LICENSEE, LLC** | 4370 PEACHTREE ROAD, NE<br>ATLANTA, GA 30319<br>United States | +1 (404) 504-9828 | robert.folliard@gray.tv | 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 Representatives (2)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| **Joseph M. Davis , P.E. .**<br>*Consulting Engineer*<br>Chesapeake RF Consultants, LLC | 207 Old Dominion Road<br>Yorktown, VA 23692<br>United States | +1 (703) 650-9600 | Joseph.Davis@RF-consultants.com | Technical Representative |
| **Joan Stewart**<br>*FCC Counsel*<br>Wiley Rein LLP | Joan Stewart<br>1776 K Street NW<br>Washington, DC 20006<br>United States | +1 (202) 719-7438 | jstewart@wileyrein.com | Legal Representative |

## Permits and Tower Studies

| Section | Question | Response |
|---|---|---|
| **Approval and Permits** | Does the Station require FAA approval (e.g., completion of FAA Form 7460-1 and a “No Hazard Determination”) in order to construct its post-auction facility? | No |
| | The Station has requested FAA approval for its post-auction facility. | |
| | The Station has received FAA approval for its post-auction facility. | |
| | Does the Station require Federal, State, and/or local permits, and/or a review of environmental impact, for its post-auction facility? | No |
| | Station has requested necessary Federal, State and/or local permits and/or review of environmental impact for its post-auction facility | |
| | Station has received necessary Federal, State, and/or local permits and/or review of environmental impact for its post-auction facility | |
| **Tower Studies** | Are radio frequency (RF) studies required in order for the Station to construct its post-auction facility? | Yes |
| | RF studies have been started | No |
| | RF studies have been completed | |
| | Are structural tower studies required in order for the Station to construct its post-auction facility? | Yes |
| | Structural tower studies have been started | Yes |
| | Structural tower studies have been completed | Yes |

## Station Equipment

| Section | Question | Response |
|---|---|---|
| **Station Equipment** | The Station has placed orders for the following equipment, if required: | |
| | Main Facility Antenna | No |
| | Main Facility Transmitter | No |
| | Main Facility Transmission line | No |
| | Main Facility Mask Filter and/or RF Combiner | No |
| | Auxiliary antenna and related equipment | No |
| | Does the Station anticipate that it will receive all necessary equipment in time to meet the construction deadline for the Station's main facility? | Yes |
| | Has Station received all required new broadcast equipment (antenna, transmitter, etc.) necessary to begin construction? | No |

## Towers and Antenna

| Section | Question | Response |
|---|---|---|
| **Towers Construction and Antenna Installation** | Does the Station's post-auction facility require tower construction/modification work? | Yes |
| | Does construction of the Station's post-auction facility require construction of a new tower or substantial modification of an existing tower? | No |
| | Has all necessary tower work been scheduled? | |
| | Has all necessary tower work been completed? | |
| | Does the Station anticipate that all tower work, including antenna installation, will be completed in time to meet its construction deadline? | Yes |
| **Auxiliary Antenna** | Does the Station require use of a new auxiliary antenna system? | Yes |
| | Has the Station started all outside tower work and made all necessary equipment upgrades to commence testing of its new auxiliary antenna system? | No |
| | Has the Station completed all outside tower work and made all necessary equipment upgrades to commence testing of its new auxiliary antenna system? | |
| | Has the Station started testing on its new auxiliary antenna system? | |
| | Has the Station completed all testing on its new auxiliary antenna system such that it may now cease broadcasting on its pre-auction channel? | |
| **Post-auction Facility** | Has the Station completed all work, including construction, modification and/or installation, related to construction of its post-auction facility such that it is ready to begin testing on its post-auction facility? | No |
| | Has the Station completed all tower work? | No |
| | Has the Station completed all in-building (equipment) work? | No |
| | Does the Station have other issues that must be addressed before it can fully construct and/or operate its post-auction facility? | Yes |
| | Please Explain:<br>FM station must be relocated on the tower. | |
| | Has the Station completed all construction work on its post-auction facility that is necessary to complete an application for a license to cover that facility? | No |
| **Pre-auction Channel** | Has the Station ceased broadcasting on its pre-auction channel? | No |

## 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**<br>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.<br>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. | **Robert Folliard**<br>*Assistant Secretary*<br><br>01/10/2018 |

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| **Attachments** | Information not provided. |