



(REFERENCE COPY - Not for submission)

DTV Legal STA Application

File Number: **0000055116** | Submit Date: **06/11/2018** | Call Sign: **WHLA-TV** | Facility ID: **18780** | FRN: **0002711455**

State: **Wisconsin** | City: **LA CROSSE**

Service: **DTV** | Purpose: **Legal STA** | Status: **Superseded** | Status Date: **07/20/2018** | Filing Status: **InActive**

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	1

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD Doing Business As: STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD	Jeffrey D. Ohnstad 3319 W. BELTLINE HWY. MADISON, WI 53713 United States	+1 (608) 215-0088	jeffreyd. ohnstad@wi. gov	Government Entity

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
Jeffrey D Ohnstad <i>Staff Engineer</i> State of Wisconsin - Educational Communications Board	3319 W. BELTLINE HWY. MADISON, WI 53713 United States	+1 (608) 215-0088	jeffreyd.ohnstad@wi. gov	Technical Representative
Barry S Persh Gray Miller Persh LLP	1200 NEW HAMPSHIRE AVENUE NW STE 410 WASHINGTON, DC 20036 United States	+1 (202) 776-2458	bpersh@graymillerpersh. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	18780	
State	Wisconsin	
City	LA CROSSE	
DTV Channel	30	
Facility Type	Facility Type	Noncommercial Educational
	Station Type	Main
Zone	Zone	2

Certification

Section	Question	Response
<p>General Certification Statements</p>	<p>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.).</p>	
	<p>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.</p>	
<p>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Gene Purcell <i>Executive Director</i></p> <p>06/11/2018</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>April 24 No Interference statement and OET 69 Study..pdf</u>	Applicant	General Information	April 24 No interference Statement and OET 69 study
<u>Map Six TV Stations.pdf</u>	Applicant	General Information	Map_Six_TV_Stations
<u>TKII FCC Letter.pdf</u>	Applicant	General Information	TKII FCC Letter
<u>WEUX_TV.PDF</u>	Applicant	General Information	WEUX_TV
<u>WHLA Request for Phase Change.pdf</u>	Applicant	Fees, Waivers and Exemptions	WHLA request for phase change
<u>WHLA_TV_A 06818.PDF</u>	Applicant	General Information	WHLA_TV_06818
<u>WHLA_TV.PDF</u>	Applicant	General Information	WHLA_TV
<u>WHWC_TV.PDF</u>	Applicant	General Information	WHWD_TV
<u>WXOW_D_C.PDF</u>	Applicant	General Information	WXOW_C_D