



(REFERENCE COPY - Not for submission)  
**DTV Legal STA Application**

File Number: **0000071741** | Submit Date: **04/17/2019** | Call Sign: **WEDH** | Facility ID: **13602** | FRN: **0003574662** | State:  
**Connecticut** | City: **HARTFORD**  
Service: **DTV** | Purpose: **Legal STA** | Status: **Superseded** | Status Date: **06/20/2019** | Filing Status: **InActive**

**General Information**

Section	Question	Response
---------	----------	----------

**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

**Applicant  
Information**

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

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>CONNECTICUT PUBLIC BROADCASTING, INC.</b> Doing Business As: CONNECTICUT PUBLIC TELEVISION	1049 ASYLUM AVENUE HARTFORD, CT 06105 United States	+1 (860) 278- 5310	MSAKELLARIDES@CPTV. ORG	Not-for- Profit

**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
<b>Louis R duTreil , Jr .</b> <i>Technical Consultant</i> duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6004	bobjr@DLR.com	Technical Representative
<b>STEVEN C SCHAFFER , ESQ .</b> Garvey Schubert Barer	1000 Potomac Street, NW Suite 200 WASHINGTON, DC 20007 United States	+1 (202) 298- 2535	sschaffer@gsblaw. com	Legal Representative
<b>Melodie A. Virtue</b> <i>FCC Counsel</i> Garvey Schubert Barer	1000 Potomac Street, N. W. Suite 200 Washington, DC 20007 United States	+1 (202) 298- 2527	mvirtue@gsblaw. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	13602	
State	Connecticut	
City	HARTFORD	
DTV Channel	45	
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	1

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
-------------	-----------	------	-------

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></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><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></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><b>Meg Sakellarides</b> <i>CFO</i></p> <p>04/17/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>WBZ-TV Coordination Agreement.pdf</u></a>	Applicant	All Purpose	WBZ Coordination Agreement
<a href="#"><u>WEDH Dielectric Letter 3-25-19.pdf</u></a>	Applicant	General Information	Dielectric Vendor Approval Letter
<a href="#"><u>WEDH Gates Letter.pdf</u></a>	Applicant	All Purpose	Gates Vendor Approval Letter
<a href="#"><u>WEDH Out of Phase Legal STA Waiver Request.pdf</u></a>	Applicant	All Purpose	WEDH Out of Phase Legal STA Request
<a href="#"><u>WEDH Tech Statement for Phase Change_2019Jan17A.pdf</u></a>	Applicant	All Purpose	Technical Statement in support of early phase change
<a href="#"><u>WEDH(TV).pdf</u></a>	Internal	All Purpose	
<a href="#"><u>WFUT Coordination Letter.pdf</u></a>	Applicant	All Purpose	WFUT Coordination Agreement
<a href="#"><u>WUTH-CD Coordination Agreement.pdf</u></a>	Applicant	All Purpose	WUTH-CD Coordination Agreement