

Applicant Name, Type, and Contact Information

Applicant Information

Applicant Address **Applicant Type** Phone Email **TELEVICENTRO OF PUERTO RICO, LLC** JAVIER 7877924444 javier. Limited Liability Doing Business As: TELEVICENTRO OF MAYNULET maynulet@wapa-tv. Company PUERTO RICO, LLC P.O. BOX com 362050 SAN JUAN, PR 00936 Puerto Rico

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
	Sally Buckman , ESQ . LERMAN SENTER PLLC	Sally Buckman 2001 L Street, NW SUITE 400 Washington, DC 20036 United States	+1 (202) 429- 8970	sbuckman@LERMANSENTER. COM	Legal Representative
	Louis R duTreil , Jr . Technical Consultant duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6004	bobjr@DLR.com	Technical Representative

Tolling Questions

Applicant certifies that construction cannot Legal reasons beyond station's control (e.g., litigation,	
be completed due to: international coordination):	
Severe financial hardship (e.g., bankruptcy, negative cash flow):	
other reasons (e.g., natural disasters):	Yes
Has the construction period for this station been previously extended?	Yes
Applicant requests that the time within which to complete	04/01
construction be extended until:	/2020

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.	Javier Maynulet President 10/01/2019

Attachments	File Name	Uploaded By	Attachment Type	Description
	WNJX Request for Continued Tolling of Construction Permit.pdf	Applicant	All Purpose	
	WNJX-TV and WTIN-TV.pdf	Internal	All Purpose	