



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

File Number: **0000108444** | Submit Date: **03/19/2020** | Call Sign: **WTVD** | Facility ID: **8617** | FRN: **0013597448** | State: **North Carolina** | City: **DURHAM**
 Service: **DTV** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **03/20/2020** | Expiration Date: **07/03/2020** | Filing Status: **InActive**

General Information

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

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
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

Application Type	Fee Code	Fee Amount
Legal STA	MGT	\$200.00
Total		\$200.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WTVD TELEVISION, LLC Doing Business As: WTVD TELEVISION, LLC	77 WEST 66TH STREET, 16TH FLR ATTN: JOHN W. ZUCKER, ESQ. NEW YORK, NY 10023 United States	+1 (212) 456- 7777	john.w. zucker@abc.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
Representatives
(3)**

Contact Name	Address	Phone	Email	Contact Type
Susan Fox The Walt Disney Company	425 3rd Street SW Suite 1100 Washington, DC 20024 United States	+1 (202) 222- 4780	Susan.Fox@disney.com	Legal Representative
John E. Hidle , P.E. . <i>Consulting Engineer</i> Carl T. Jones Corporation	7901 Yarnwood Court Springfield, VA 22153 United States	+1 (703) 569- 7704	jhidle@ctjc.com	Technical Representative
Grace Kavadoy ABC, Inc.	77 W 66th St., 16th FL. New York, NY 10023 United States	+1 (212) 456- 6686	Grace.Kavadoy@disney. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	8617
	State	North Carolina
	City	DURHAM
	DTV Channel	11
	Designated Market Area	Raleigh-Durham (Fayetteville)
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Primary station proposed to be rebroadcast:

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

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>John W Zucker <i>Assistant Secretary</i></p> <p>03/19/2020</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>Email to WTVD from Coast to Coast Tower.pdf</u>	Applicant	General Information	Email from Coast to Coast Tower Service re Suspension of Field Service
<u>WTVD COVID-19 Phase Change Letter Final 3.20.2020.pdf</u>	Internal	All Purpose	Phase Change Grant (COVID-19)
<u>WTVD Request to Move to Phase 10 (Exhibit).pdf</u>	Applicant	Fees, Waivers and Exemptions	Waiver and Phase Reassignment Request