

(REFERENCE COPY - Not for submission)

Administrative Update for a DTV Station Application

File Number: 0000144135 | Submit Date: 04/27/2021 | Call Sign: WWCW | Facility ID: 24812 | FRN: 0009961889 | State

Virginia City: LYNCHBURG

Service: DTV Purpose: Administrative Update Status: Received Status Date: 04/27/2021 Filing Status: Active

General Information

	Section		Question		Response		
Appli Inforr	Applicant Name, Type, and Contact Information						
	natione ant	Address		Phone	Email		Applicant Type
	Nexstar Media Inc.	Elizabeth R	yder	+1 (972) 373- 8800	eryder@nex tv	star.	Corporation
		545 E. JOH	N CARPENTER FREEWAY				
		SUITE 700					
		IRVING, TX	75062				
		United State	es				

Authorization Holder Name

1.

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
William T. Godfrey , Jr .	William T. Godfrey, Jr.	+1 (352) 332- 3157	bill@kesslerandgehman. com	Technical Representative
Consulting Engineers Kessler and Gehman	Kessler and Gehman Associates, Inc.			
Associates, Inc.	507-D NW 60th Street			
	Gainesville, FL 32607			
	United States	4 (070) 070		
Elizabeth Ryder	Elizabeth Ryder	+1 (972) 373- 8800	eryder@nexstar.tv	Legal Representative
General Counsel	545 E John Carpenter Freeway			
Nexstar Media Inc.	Suite 700			
	Irving, TX 75062			
	United States			

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cation Section	Question	Response
	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.).	
General Certificati Statements	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.	
	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. Failur 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.	re e
Authorized Party t	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR	θ,
	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.	Elizabeth Ryder General Counsel

Information not provided.

Attachments