

Resumption of Operations of a DTV Station Application

File Number: 00	00203408	Submit Date: 11/09/20	1/09/2022 Call Sign: KUVE-DT		Facility ID: 6392	7 FRN: 00177	777178
State: Arizona	State: Arizona City: GREEN VALLEY						
Service: DTV	Purpose: R	Resume Operations	Status: Received	Status D	ate: 11/09/2022	Filing Status: Ac	ctive

General	Section Question		Response				
Information							
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant	Address	Phone	Email	Applicant Type		
	UNIVISION TUCSON LLC	Karen Milne	+1 (310)	kmilne@univision.	Limited Liability		
	Doing Business As: UNIVISIO		348-3600	net	Company		
	TUCSON LLC	Suite 800W Washington, DC 20001					
		United States					

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
	MATTHEW S. DELNERO COVINGTON & BURLING LLP	One CityCenter 850 TENTH STREET, NW WASHINGTON, DC 20001 United States	+1 (202) 662- 5543	MDELNERO@COV. COM	Legal Representative
	Joseph L Seccia , P.E <i>Regional Director, RF</i> <i>Transmission</i> TelevisaUnivision	2861 West Ridgewood Dr Parma, OH 44134 United States	+1 (513) 780- 5808	jseccia@univision. net	Technical Representative

Station	Status

Question	Response
Resuming Power Operations:	Full
Date Station Resumed Full Power	11/03/2022

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.	Karen Milne Senior Vice President US Regulatory
			11/09/2022

Attachments	File Name	Uploaded By	Attachment Type	Description
	KUVE-DT Resumption of Full Power Exhibit . pdf	Applicant	All Purpose	KUVE-DT Resumption of Operations Exhibit