



(REFERENCE COPY - Not for submission)

# DTS Legal STA Application

File Number: **0000034069** | Submit Date: **10/24/2017** | Call Sign: **WVPY** | Facility ID: **66378** | FRN: **0006692347** | State: **Virginia** | City: **FRONT ROYAL**

Service: **DTS** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **10/26/2017** | Expiration Date: **04/23/2018** | Filing Status:

**InActive**

## General Information

Section	Question	Response
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## Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	3

**Applicant  
Information**

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

Applicant	Address	Phone	Email	Applicant Type
<b>WVPY, LLC</b> Doing Business As: WVPY, LLC	847 MARTIN LUTHER KING, JR. WAY HARRISONBURG, VA 22801 United States	+1 (540) 434- 5391	tmancari@wvpt. net	Limited Liability Company

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**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
<b>Michael Beder , Esq. .</b> Covington & Burling LLP	One CityCenter 850 Tenth Street, N. W. Washington, DC 20001 United States	+1 (202) 662- 5138	mbeder@cov.com	Legal Representative
<b>DOUG VERNIER</b> <i>ENGINEERING</i> <i>CONSULTANT</i> DOUG VERNIER	401 MAIN STREET SUITE 213 CEDAR FALLS, IA 50613 United States	+1 (319) 266- 8402	DVERNIER@V-SOFT. COM	Technical Representative

**Channel and  
Facility  
Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Proposed Community of License</b>	Facility ID	66378
	State	Virginia
	City	FRONT ROYAL
	DTS Channel	21
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	1

**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>Tony Mancari , Sr. .</b>  <i>President and CEO</i></p> <p>10/24/2017</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>WVPY Channel Sharee Deadline Extension Request (October 24 2017).pdf</u></a>	Applicant	General Information	WVPY Channel Sharee Deadline Extension Request (Narrative)
<a href="#"><u>WVPY Engineering Statement- Attachment A.pdf</u></a>	Applicant	General Information	WVPY Engineering Statement-- Attachment A
<a href="#"><u>WVPY Request for Waiver Upload.pdf</u></a>	Applicant	Fees, Waivers and Exemptions	WVPY Request for Waiver Upload