

(REFERENCE COPY - Not for submission)

Schedule 381 Certification

File Number: 0000002193Submit Date: 06/26/2015Call Sign: WLNE-TVFacility ID: 22591FRN: 0028489094State: MassachusettsCity: NEW BEDFORDService: DTVPurpose: Schedule 381 CertificationStatus: ReceivedStatus Date: 06/26/2015Filing Status: Active

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CITADEL COMMUNICATIONS, LLC Doing Business As: CITADEL COMMUNICATIONS, LLC	Philip J. Lombardo 117 PONDFIELD ROAD BRONXVILLE, NY 10708 United States	+1 (914) 793- 3400	CITNYLTD@AOL. 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 (2)	Contact Name	Address	Phone	Email	Contact Type
	DAVID D. BURNS PILLSBURY WINTHROP SHAW PITTMAN LLP	1200 SEVENTEENTH ST, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8094	DAVID. BURNS@PILLSBURYLAW. COM	Legal Representative
	JOHN LUNDIN CONSULTING ENGINEER DUTREIL LUNDIN & RACKLEY INC.	DUTREIL LUNDIN & RACKLEY INC 201 FLETCHER AVE SARASOTA, FL 34237 United States	+1 (941) 329-6000	JOHN@DLR.COM	Technical Representative

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Section		
Section	Question	Response
Database Certification	License File Number:	BLCDT- 20040930BBS
	Licensee hereby certifies that it has reviewed its license authorization /construction permit and underlying Database Technical Information for its Eligible Facility as reflected in File Number BLCDT-20040930BBS and	it is accurate and complete the best of its knowledge
Information on Licensed Facility	Transmitter Make:	Harris
	Transmitter Model:	Sigma CD
	Transmitter Maximum Power Output:	40.0
	Transmitter Type:	Tube
Licensee's Primary Antenna	Antenna Type:	Slot
	Is the licensee's primary antenna capable of operating over multiple channels (e.g., broadband)?	Yes
	Antenna Range:	From 680.0 MHz to 698.0 MHz
	Is the licensee's primary antenna shared?	Yes
Enter the Facility ID's and Call Signs of all parties with whom the licensee's primary antenna is shared	Facility ID	Call Sign
		WJAR
	50780	
	50780 Antenna Location:	Side Mount
Licensee's Primary Transmission Line		
-	Antenna Location:	Side Mount Rigid Broadband
-	Antenna Location: Transmission Line Type:	Side Mount Rigid Broadband /Varied Length
Transmission Line	Antenna Location: Transmission Line Type: Section Lengths:	Side Mount Rigid Broadband /Varied Length feet
Transmission Line	Antenna Location: Transmission Line Type: Section Lengths: Year of last structural analysis conducted on the structure: Under what structural standard was the last structural analysis	Side Mount Rigid Broadband /Varied Length feet 2015 TIA 222-

	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.	Philip J. Lombardo Managing Member 06/26/2015

Information not provided.

Attachments