

(REFERENCE COPY - Not for submission)

Suspension of Operations of a DTV Station Application

File Number: 00	00040440 Submit Date: 01/19/2018	Call Sign: WNJN	Facility ID: 48477 FRN	: 0004368007 State:	
New Jersey	City: MONTCLAIR				
Service: DTV	Purpose: Suspension of Operations	Status: Received	Status Date: 01/19/2018	Filing Status: Active	

General Information	Section Question			Response		
	Applicant Name, Type, and Contact Information					
Applicant Information	Applicant		Address	Phone	Email	Applicant Type
	NEW JERSEY PUBLIC BROA AUTHORITY Doing Business As: NEW JERS BROADCASTING AUTHORITY	SEY PUBLIC (25 South Stockton St TRENTON, NJ 08625 United States	+1 (609) 777-5257	RICK. WILLIAMS@TREAS. NJ.GOV	Government Entity

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
	Todd D. Gray Gray Miller Persh LLP	1200 New Hampshire Ave., NW Suite 410 Washington, DC 20036 United States	+1 (202) 776- 2571	tgray@graymillerpersh. com	Legal Representative
	Richard Williams <i>Director of Engineering</i> New Jersey Public Broadcasting Authority	Richard Williams 25 South Stockton St Trenton, NJ 08608 United States	+1 (609) 777- 5257	rick.williams@treas.nj. gov	Technical Representative

Station Status	Question	Response	
	Date Station Suspended Operations:	01/23/2018	

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.	Rick Williams <i>Acting Executive Director</i> 01/19/2018

Attachments	File Name	Uploaded By	Attachment Type	Description
	Exhibit for Suspension of Operations Notification -WNJN.pdf	Applicant	All Purpose	