

Resumption of Operations of a DTV Station Application

File Number: 0000058950		Submit Date: 08/17/20	018 Call	Sign: WKP	Facility ID:	58341	FRN: 0019526946	State:
Puerto Rico	City: PONCE							
Service: DTV	Purpose: F	Resume Operations	Status: Re	eceived	Status Date: 08/	17/2018	Filing Status: Active	

General Information	Section	Question			Response		
Applicant Information	Applicant Name, Type, and Contact Information						
inormation	Applicant		Address	Phone	Email	Applicant Type	
	AMERICA-CV STATION GRO Doing Business As: AMERICA STATION GROUP, INC.	A-CV	13001 N.W. 107TH AVE. HIALEAH GARDENS, FL 33018 United States	+1 (305) 592-4141	daisy. leon@americateve. com	Corporation	

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 (3)	Contact Name	Address	Phone	Email	Contact Type
	FRANCISCO R. MONTERO ATTORNEY FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH ST. 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0480	MONTERO@FHHLAW. COM	Legal Representative
	GERD RIEGER DIRECTOR OF ENGINEERING AMERICA-CV STATION GROUP, INC.	13001 N.W. 107TH AVE. HIALEAH GARDENS, FL 33018 United States	+1 (305) 592-4141	GERD. RIEGER@AMERICATEVE. COM	Technical Representative
	Ryan Wilhour <i>Consulting Engineer</i> Kessler and Gehman Associates, Inc.	507 NW 60th St STE D Gainesville, FL 32607 United States	+1 (352) 332-3157	ryan@kesslerandgehman. com	Technical Representative

us	Question	Response
	Resuming Power Operations:	Full
	Date Station Resumed Full Power	07/06/2018

Staten	eral Certification ements	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	
Autho		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	
Autho		incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	orized 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	Carlos Vasallo CEO

Attachments	File Name	Uploaded By	Attachment Type	Description
	Parameters.pdf	Applicant	All Purpose	Parameters