

(REFERENCE COPY - Not for submission)

Amendment to a DTV Legal STA Application

File Number: 0	000054663	Submit Date: 10/03/2018	Call Sign: WHS	V-TV	Facility ID: 4688	FRN: 0018223693	State:
Virginia C	City: HARRIS	ONBURG					
Service: DTV	Purpose: L	egal STA Amendment	Status: Granted	Status	Date: 10/05/2018	Expiration Date:	
04/12/2019	Filing Status	InActive					

General Information	Section	Question	Response
Fees, Waivers,	Section	Question	Response
and Exemptions	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
		Total number of rule sections involved in this waiver request:	

Applicant Information Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	WHSV-TV 50 NORTH MAIN STREET HARRISONBURG, VA 22802 United States	+1 (540) 433- 9191	robert. folliard@gray.tv	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	Contact Name	Address	Phone	Email	Contact Type
Representatives (2)	Joseph M. Davis , P.E Consulting Engineer Chesapeake RF Consultants, LLC JOAN STEWART WILEY REIN LLP	207 Old Dominion Road Yorktown, VA 23692 United States 1776 K STREET, N. W. WASHINGTON, DC 20006 United States	+1 (703) 650- 9600 +1 (202) 719- 7438	Joseph.Davis@RF- consultants.com JSTEWART@WILEYREIN. COM	Technical Representative Legal Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	4688
		State	Virginia
		City	HARRISONBURG
		DTV Channel	49
		Designated Market Area	Harrisonburg
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	1

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.	Robert Folliard <i>Assistant Secretary</i> 10/03/2018

Attachments

File Name	Uploaded By	Attachment Type	Description
AMENDED Out of Phase Legal STA Waiver WHSV Gray. pdf	Applicant	Amendment	AMENDED Out of Phase Legal STA Waiver
FINAL Out of Phase Legal STA Waiver WHSV Gray.docx	Applicant	Fees, Waivers and Exemptions	WHSV Out of Phase Waiver Request
<u>FURTHER</u> <u>AMENDED Out of Phase Legal STA Waiver WHSV Gray.</u> <u>pdf</u>	Applicant	Amendment	Further Amended Out of Phase Legal STA Waiver
HarrisonburgVA_WHSV_Statement_2018May02A.PDF	Applicant	All Purpose	WHSV Engineering Statement
T-Mobile Spectrum Rescan 3 rescan letter Gray WHSV 050318.docx	Applicant	General Information	T-Mobile Rescan Letter
Tower Letter for WHSV.pdf	Applicant	Amendment	Letter from Shenandoah Tower Service
Waiver for early transition request.docx	Applicant	Fees, Waivers and Exemptions	Waiver Exhibit
WHSV Amendment 2.pdf	Applicant	Amendment	Description of Amendment
WHSV Package - Redacted.pdf	Applicant	General Information	WHSV Package - redacted
WHSV-TV.pdf	Internal	All Purpose	