



(REFERENCE COPY - Not for submission)

Form 380 - Change Request

File Number: 0000240810 | Submit Date: 03/13/2024 | Call Sign: WCLO-TV | Facility ID: 3255 | FRN: 0011886371 | State: Puerto Rico | City: AGUADA

Service: DTV | Purpose: Call Sign Request (Change) | Status: Granted | Status Date: 03/14/2024 | Expiration Date: 02/01/2021 | Filing Status: Active

General Information

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

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
	Is the applicant exempt from FCC regulatory Fees?	Yes
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	
	Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	No

Application Type	Fee Code	Fee Amount
Call Sign Request (Change)	MBT	\$190.00
Total		\$190.00

**Applicant  
Information**

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

Applicant	Address	Phone	Email	Applicant Type
<b>WESTERN NEW LIFE, INC</b> Doing Business As: WESTERN NEW LIFE, INC	Western New Life, Inc. PO Box 7707 CAGUAS, 00726 Puerto Rico	7875298917	juan97fm@gmail.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  
(2)

Contact Name	Address	Phone	Email	Contact Type
<b>Donald E. Martin</b> <i>Attorney</i> Donald E. Martin P. C.	Donald E. Martin P.O. Box 8433 Falls Church, VA 22041 United States	+1 (703) 642- 2344	dempc@prodigy.net	Legal Representative
<b>Juan Carlos Matos</b> <i>President</i> Western New Life, Inc.	President PO Box 7707 Caguas, Puerto Rico 00726- 7707 Puerto Rico	7875298917	juan97fm@gmail. com	President

Call Sign Request

Section	Question	Response
Change Request	Requested Call Sign	WCLO-TV
	Effective Date	03/19/2024
	The applicant submitting this request has obtained consent from the primary call sign holder to use the requested call sign.	Yes

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	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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.	<b>Juan Carlos Matos</b> <i>President</i>  03/13/2024

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WCLO Call Sign Consent.pdf</u>	Applicant	Change Request	Call Sign Consnet