

Resumption of Operations of a DTV Station Application

File Number: 0000108000		Submit Date: 03/16/2020 Call Sign: WBZ-T		Z-TV	Facility ID: 25456	FRN: 0021079769	State:
Massachusetts City: BOSTON							
Service: DTV	Purpose: F	Resume Operations	Status: Received	Status	Date: 03/16/2020	Filing Status: Active	

General Information	Section	Question			Respo	nse	
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant		Address	Phone	Email	Applicant Type	
	CBS TELEVISION LICENSES Doing Business As: CBS TELE LICENSES LLC		Daniel G. Ryson 1725 DeSales St. NW Suite 501 Washington, DC 20036 United States	+1 (202) 457- 4505	dryson@cbs. 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
	Joseph M. Davis , P.E Consulting Engineer Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650- 9600	Joseph.Davis@RF- consultants.com	Technical Representative
	Daniel G. Ryson Director of Spectrum Management CBS	Daniel G. Ryson 1725 DeSales St. NW Suite 501 Washington, DC 20036 United States	+1 (202) 457- 4074	dryson@cbs.com	Technical Representative

Station	Status

Question	Response	
Resuming Power Operations:	Full	
Date Station Resumed Full Power	03/13/2020	

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.	Andrew J Siegel Assistant Secretary 03/16/2020

Attachments	File Name		Attachment Type	Description
	WBZ-TV Resumption of Operations Statement - March 2020.pdf	Applicant	All Purpose	Engineering Statement