

(REFERENCE COPY - Not for submission)

Amendment to a DTV Legal STA Application

File Number: **0000116917** Submit Date: **07/02/2020** Call Sign: **WMUM-TV** Facility ID: **23935** FRN: **0001844976**

State: Georgia City: COCHRAN

Service: **DTV** Purpose: **Legal STA Amendment** Status: **Granted** Status Date: **07/07/2020** Expiration Date:

07/13/2020 Filing Status: InActive

General Information

Section	Question	Response

Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	2

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION Doing Business As: GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION	Elizabeth Moylan Laprade 260 14TH ST NW ATLANTA, GA 30318 United States	+1 (404) 685-2619	elaprade@gpb. org	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 (3)

Contact Name	Address	Phone	Email	Contact Type
Margaret L. Miller Gray Miller Persh LLP	2233 Wisconsin Avenue, NW Suite 226 Washington, DC 20007 United States	+1 (202) 776- 2914	mmiller@graymillerpersh. com	Legal Representative
Derek Teslik Gray Miller Persh, LLP	Derek Teslik 2233 Wisconsin Ave NW Ste 226 Washington, DC 20007 United States	+1 (202) 559- 7489	dteslik@graymillerpersh. com	Legal Representative
Ryan Wilhour Consulting Engineer Kessler and Gehman Associates, Inc.	507 NW 60th Street STE D Gainesville, FL 32607 United States	+1 (352) 332- 3157	ryan@kesslerandgehman. com	Technical Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	23935
	State	Georgia
	City	COCHRAN
	DTV Channel	7
	Designated Market Area	MACON
Facility Type	Facility Type	Noncommercial Educational
	Station Type	Main
Zone	Zone	2

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.	Adam Woodlief Chief Technology Officer 07/02/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
GA Stations Viewer Notice Waiver Grant Letter Final- 7.7.2020.pdf	Internal	All Purpose	Viewer Notice Waiver Grant
GPTC - Interference Statement.pdf	Applicant	Amendment	Interference Statement
GPTC Request for Waiver of Phase Deadline - July 2020. pdf	Applicant	All Purpose	Phase Deadline Waiver
GPTC Request for Waiver of Phase Deadline - July 2020. pdf	Applicant	All Purpose	Phase Deadline Waiver
GPTC - Request for Waiver of PSA Rule - June 2020.pdf	Applicant	All Purpose	PSA Rule Waiver
GPTC - Request for Waiver of PSA Rule - June 2020.pdf	Applicant	General Information	PSA Rule Waiver
Phase 10 WMUM-TV Extension Letter Final- 7.7.2020.pdf	Internal	All Purpose	July 13 Extension Grant