

Federal (REFERENCE COPY - Not for submission) Commission (M/11b aluge and black of DT) / black of DT)

Withdrawal of DTV Legal STA Application

 File Number:
 000160287
 Submit Date:
 09/24/2021
 Call Sign:
 WRUA
 Facility ID:
 15320
 FRN:
 0006360143
 State:

 Puerto Rico
 City:
 FAJARDO
 Service:
 DTV
 Purpose:
 Legal STA Withdrawal BLCDT-20090610ABH
 Status:
 Withdrawn
 Status Date:
 09/24/2021
 Filing Status:
 Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
Eastern Television Corporation Doing Business As: Eastern Television Corporation	Lilliam Perez P.O. Box 310 Bayamon, PR 00960 United States	+1 (787) 999- 1473	perezlilliam7@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
	Alejandro Luciano , PE . Consulting Engineer Alejandro Luciano	Alejandro Luciano PE PO Box 194528 San Juan, PR 00919 United States	+1 (787) 717- 6984	aluciano@aluciano. com	Technical Representative
	Davina S. Sashkin ,	1050 Connecticut Ave, N. W.	+1 (202) 861- 1759	dsashkin@bakerlaw.	Legal Representative
	Esq . FCC Counsel	Suite 1100	1759	com	
	BakerHostetler	Washington, DC 20036 United States			

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.	Iris Torres Padilla President 09/24/2021

Attachments	File Name	Uploaded By	Attachment Type	Description
	Withdrawal of Legal STA.pdf	Applicant	All Purpose	Withdrawal of Legal STA