\$270.00



## Request to Extend a DTV Legal STA Application

 File Number:
 0000186602
 Submit Date:
 03/14/2022
 Call Sign:
 WMYD
 Facility ID:
 74211
 FRN:
 0002710192
 State:

 Michigan
 City:
 DETROIT
 Status:
 Status:
 Status:
 Status:
 Status:
 Status:
 Status:
 Status:
 Status:
 04/29/2022
 Expiration Date:
 10/28/2022
 Status:
 Status:</

General Information	Section	Question	Response
Fees, Waivers, and Exemptions	Section	Question	Response
	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 rul	le(s)? No
		Total number of rule sections involved in this waiver req	uest:
	Application Type	Fee Code Fe	ee Amount
	STA Extension	MPV \$	270.00

Total

## Applicant Name, Type, and Contact Information

## Applicant Information

Applicant	Address	Phone	Email	Applicant Type
SCRIPPS BROADCASTING HOLDINGS LLC	David Giles 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (512) 977- 3000	DAVE. GILES@SCRIPPS. 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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	<b>Coe W.</b> Ramsey Brooks Pierce	Coe W. Ramsey 150 Fayetteville St.; Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	cramsey@brookspierce. com	Legal Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	74211
		State	Michigan
		City	DETROIT
		DTV Channel	31
		Designated Market Area	Detroit
	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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	David Giles Vice President 03/14/2022

Attachm	ents
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File Name	Uploaded By	Attachment Type	Description
Scripps WMYD (Detroit) 3.0 Request for Further Extension of Special Temporary Authority.pdf	Applicant	All Purpose	3.0 Request for Further Extension of Special Temporary Authority