

Federal Communications (RE Commission

(REFERENCE COPY - Not for submission) Cancellation Application

File Number:0000204209Submit Date:11/23/2022Call Sign:DWVTAFacility ID:69943FRN:0029968765State:VermontCity:WINDSORService:DTVPurpose:CancellationStatus:CancelledStatus Date:11/23/2022Filing Status:InActive

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

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Vermont Public Co. Doing Business As: Vermont Public	Joe Tymecki 365 Troy Avenue Colchester, VT 05446 United States	+1 (802) 654- 4336	jtymecki@vermontpublic. org	Not-for-Profit

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 (1)	Contact Name	Address	Phone	Email	Contact Type
	Brad Deutsch <i>Counsel</i> Foster Garvey P.C.	Brad Deutsch 1000 Potomac St., NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

	Section	Question		Response			
	Cancel Facility	Is this filing a request to cancel the entire facility?		Yes			
	Current Programming	Will your current programming continue to be broadcasted or otherwise available to viewers in your market after this station terminates operation?		Yes			
		Please identify station(s) that will carry this programming.					
		Facility ID	Call Sign		City	State	
		69946	WVER		RUTLAND	VT	
		Please identify MVPD(s) or on-line video provider(s) that will carry this programming.		Burlington Telecom; Cable Communications (NY); Charter Spectrum; Comcast; Duncan Cable; Southern Vermont Cable; Stowe Cable System; White Mountain Cablevision (NH)		′); omcast; nern ve	

	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.	Scott Finn President and CEO 11/23/2022

Information not provided.

Attachments