

Request to Extend a DTV Legal STA Application

 File Number:
 0000214959
 Submit Date:
 05/18/2023
 Call Sign:
 WCCT-TV
 Facility ID:
 14050
 FRN:
 0028358455

 State:
 Connecticut
 City:
 WATERBURY

 <

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	rule(s)? No
		Total number of rule sections involved in this waiver re	equest:
	Application Type	Fee Code	Fee Amount
	STA Extension	MPV	\$300.00

Total

\$300.00

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TEGNA BROADCAST HOLDINGS, LLC	Denise A. Branson, Sr. Paralegal 8350 BROAD STREET SUITE 2000 TYSONS, VA 22102 United States	+1 (703) 873- 6606	DBRANSON@TEGNA. 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
	Michael Beder , Esq . Associate General Counsel TEGNA Inc.	8350 BROAD STREET SUITE 2000 TYSONS, VA 22102 United States	+1 (703) 873- 6902	mbeder@TEGNA.com	Legal Representative
	William T. Godfrey , Jr . Consulting Engineers Kessler and Gehman Associates, Inc.	William T. Godfrey, Jr. Kessler and Gehman Associates, Inc. 507-D NW 60th Street Gainesville, FL 32607 United States	+1 (352) 332- 3157	bill@kesslerandgehman. com	Technical Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	14050
		State	Connecticut
		City	WATERBURY
		DTV Channel	33
		Designated Market Area	Hartford & New Haven
	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	 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.	Marc S. Sher , Esq Secretary 05/18/2023

Attach	ments
--------	-------

File Name	Uploaded By	Attachment Type	Description
WCCT Multicast Host Authorization STA Extension Request (May 2023). pdf	Applicant	General Information	