

Applicant

Information

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
BOWLING GREEN STATE UNIVERSITY Applicant Doing Business As: BOWLING GREEN STATE UNIVERSITY	245 TROUP ST. BOWLING GREEN, OH 43402 United States	+1 (419) 372-2700	HENNING@WBGU. BGSU.EDU	Other

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)	JEROLD L. JACOBS, ESQ. COHN AND MARKS LLP	1920 N ST., N.W. SUITE 300 WASHINGTON, DC 20036-1622 United States	+1 (202) 293- 3860	JEROLD. JACOBS@COHNMARKS.COM	Legal Representative

Question			

Date Station Suspended Operations:

Certification	Section	Question	Response
Sta	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 INDISMISSAL OF THE APPLICATION AND FORFEITUREOF ANY FEES PAIDUpon grant of this application, the Authorization Holder maybe subject to certain construction or coverage requirements.Failure to meet the construction or coverage requirementswill result in automatic cancellation of the Authorization.Consult appropriate FCC regulations to determine theconstruction or coverage requirements that apply to the typeof Authorization requested in this application.WILLFUL FALSE STATEMENTS MADE ON THIS FORMOR 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.	
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	DR. LINDA S. DOBB

Attachments File Name	File Name	Uploaded By	Attachment Type	Description
	<u>1278067_700264.</u> <u>txt</u>	Applicant	All Purpose	EXH. 4 NOTIFICATION OF EARLY TERMINATION OF DTV OPERATION ON INTERIM CHANNEL