

(REFERENCE COPY - Not for submission)

## Resumption of Operations of a LPTV Station Application

Question

File Number: 0000022826 | Submit Date: 04/04/2017 | Call Sign: W45BT-D | Facility ID: 53371 | FRN: 0029125721 | State:

Response

Pennsylvania City: BROOKVILLE

Service: LPD Purpose: Resume Operations Status: Received Status Date: 04/04/2017 Filing Status: InActive

# General Information

oplicant	Applicant Name, Typ	e, and Contact Information	l		
formation Applicant		Address	Phone	Email	Applicant Type
CORNERSTONE	TELEVISION, INC.	1 SIGNAL HILL DRIVE	+1 (412) 824- 3930	sjohnson@ctvn. org	Other
Applicant		WALL, PA 15148			
-	s: CORNERSTONE TEL	EVISION,			
INC.		United States			

#### **Authorization Holder Name**

1.

Section

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
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STEVE JOHNSON	ONE SIGNAL HILL DIRVE	3930	SJOHNSON@CTVN.ORG	Technical Representative
DIRECTOR OF OPERATIONS	WALL, PA 15148			
CORNERSTONE TELEVISION, CIN.	United States			

### **Station Status**

Question	Response
Resuming Power Operations:	Full
Date Station Resumed Full Power	04/04/2017

Certification
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Section	Question	Response
	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.).	
General Certification Statements	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,	
	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.	
Authorized Party to Sign	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	Yes
	attachments.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Steve Johnson  Director of Operations

File Name	Uploaded By	Attachment Type	Description
W45BT-D Resumption Exhibit.pdf	Applicant	All Purpose	Resumption Notice Explanation