

(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: **0000006640** Submit Date: **11/27/2015** Call Sign: **W14DA-D** Facility ID: **125877** FRN: **0007719271**

State: Maine City: HARPSWELL

Service: LPD Purpose: Annual Ancillary/Supplemental Service Report Status: Received Status Date: 11/27/2015

Filing Status: Active

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
HARPSWELL COMMUNITY BROADCASTING	David I Chipman	+1 (207)	harpswelltv@yahoo.	Other
CORPORATION	PO Box 99	833-2363	com	
501c3 P.E.G. LPTV station	HARPSWELL,			
Doing Business As: HARPSWELL COMMUNITY	ME 04079			
BROADCASTING CORPORATION	United States			

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 (3)

Contact Name	Address	Phone	Email	Contact Type
DAVID I. CHIPMAN President of the Board of Directors HARPSWELL COMMUNITY BROADCASTING CORPORATION	David I chipman PO Box 99 Harpswell, ME 04079 United States	+1 (207) 833-6739	MEDISTRICT19@YAHOO. COM	Legal Representative
David Cox Consulting Engineer DPC Broadcast Consulting Services	David Cox 81 Northport Drive Portland, ME 04103 United States	+1 (207) 653-6615	radiointerference61@gmail. com	Technical Representative
Donna M Frisoli Station Manager Harpswell Community Broadcasting Corp.	Donna Frisoli PO Box 99 Harpswell, ME 04079 United States	+1 (207) 833-2363	harpswelltv@yahoo.com	Station Manager

Ancillary /Supplementary Services

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.	David Irving Chipman President of Board of Directors
		11/27/2015

Attachments

Information not provided.