

(REFERENCE COPY - Not for submission)

Request to Extend a Suspension of Operations and Silent Authority of a LPTV Station Application

File Number: **0000143564** Submit Date: **04/16/2021** Call Sign: **W16BE-D** Facility ID: **43451** FRN: **0003778511**

State: New York City: HORNELL, ALFRED

Service: LPD Purpose: STA Extension Status: Granted Status Date: 04/28/2021 Expiration Date: 09/25/2021

Filing Status: InActive

General Information

Section Question Response

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WYDC, INC.	William Christian 33 EAST MARKET ST CORNING, NY 14830 United States	+1 (607) 937-5000	bill3christian@gmail.com	Corporation

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
Mark B Denbo , Esq FCC Counsel Smithwick & Belendiuk, P.C.	5028 Wisconsin Avenue, N.W. Suite 301 Washington, DC 20016 United States	+1 (202) 350- 9656	MDENBO@FCCWORLD.	Legal Representative
Carl E Gluck , Consultant . Technical Consultant Carl T Jones Corp	Technical Consultant 7901 Yarnwood Court Springfield, VA 22153 United States	+1 (703) 569- 7704	cgluck@ctjc.com	Technical Representative

Station Status

Question	Response		
Date Station Went Silent:	09/25/2020		

Certification

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 §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.	
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	
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.	
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. William Christia President O4/16/2021	n

Attachments

File Name	Uploaded By	Attachment Type	Description
Request for Silent Special Temporary Authority (W16BE-D) - April 2021.pdf	Applicant	General Information	Request for Extension of Silent STA