

Administrative Update for a LPTV Translator Station Application

File Number: 000001957Submit Date: 06/19/2015Call Sign: K36JO-DFacility ID: 128524FRN: 0001629187State: WyomingCity: CHEYENNEService: LPTPurpose: Administrative UpdateStatus: ReceivedStatus Date: 06/19/2015Filing Status: Active

General Information	Section Question			Response				
Applicant Information	Applicant Name, Type, and Contact Information							
					Applicant			
	Applicant	Address	Phone	Email	Туре			
	CENTRAL WYOMING COLLEGE	2660 PECK	+1 (307) 856-	rspain@cwc.	Other			
	Applicant	AVENUE	6944	edu				
	Doing Business As: CENTRAL WYOMING	RIVERTON, WY						
	COLLEGE	82501						
		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 (2)	Contact Name	Address	Phone	Email	Contact Type	
	Anne Crump Fletcher Heald Hildreth	Anne Crump 1300 N. 17th St 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0400	crump@fhhlaw. com	Legal Representative	
	Bob Spain DIRECTOR OF ENGINEERING Wyoming PBS	Bob Spain 2660 PECK AVENUE RIVERTON, WY 82501 United States	+1 (307) 855- 2365	rspain@cwc.edu	Technical Representative	

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.	Ruby D Calvert General Manager 06/19/2015

Information not provided.

Attachments