

Administrative Update for a LPTV Translator Station Application

File Number: 0000115969Submit Date: 06/10/2020Call Sign: W26FA-DFacility ID: 53891FRN: 0001842491State: North CarolinaCity: MARIONService: LPTPurpose: Administrative UpdateStatus: ReceivedStatus Date: 06/10/2020Filing Status: Active

General Information	Section	Question		Respo	nse		
Applicant Information	Applicant Name, Type, and Contact Information						
	Applicant	Address	Phone	Email	Applicant Type		
	WSOC TELEVISION, LLC	Chief Engineer	+1 (704) 335-	Cedric.	Limited Liability		
	Doing Business As: WSOC	235 West 23rd	4700	Thomas@cmg.com	Company		
	TELEVISION, LLC	Street					
		CHARLOTTE, NC					
		28206					
		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
	Christina H Burrow <i>Legal Counsel</i> Cooley LLP	Christy Burrow 1299 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004 United States	+1 (202) 776- 2687	cburrow@cooley. com	Legal Representative
	Ted Hand <i>Chief Engineer</i> WSOC Television, LLC	Chief Engineer 235 West 23rd Street CHARLOTTE, NC 28206 United States	+1 (704) 335- 4700	Ted.Hand@cmg. com	Technical Representative
	S Merrill Weiss <i>President</i> Merrill Weiss Group LLC	S Merrill Weiss 227 Central Avenue Metuchen, NJ 08840 United States	+1 (732) 494- 6400	merrill@mwgrp. com	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.	Cedric Thomas Vice President and General Manager
			06/10/2020

Information not provided.

Attachments