



(REFERENCE COPY - Not for submission)

Cancellation Application

File Number: **0000121443** | Submit Date: **09/11/2020** | Call Sign: **DK17NC-D** | Facility ID: **26419** | FRN: **0003720687**
State: **Hawaii** | City: **KILAUEA MILITARY CAMP**
Service: **LPT** | Purpose: **Cancellation** | Status: **Cancelled** | Status Date: **09/11/2020** | Filing Status: **InActive**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HAWAII PUBLIC TELEVISION FOUNDATION Doing Business As: PBS HAWAII	P.O. BOX 29805 HONOLULU, HI 96820 United States	+1 (808) 462- 5000	KYAMAMOTO@PBSHAWAII. ORG	Not-for- Profit

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
JOHN NAKAHIRA <i>CHIEF ENGINEER</i> PBS Hawaii	John Nakahira 315 Sand Island Access Road Honolulu, HI 96819 United States	+1 (808) 462- 5055	jnakahira@pbshawaii. org	Technical Representative
Barry S. Persh GRAY MILLER PERSH LLP	2233 Wisconsin Ave., NW Suite 226 Washington, DC 20007 United States	+1 (202) 776- 2458	bpersh@graymillerpersh. com	Legal Representative

Cancellation

Section	Question	Response							
Cancel Facility	Is this filing a request to cancel the entire facility?	Yes							
Current Programming	Will your current programming continue to be broadcasted or otherwise available to viewers in your market after this station terminates operation?	Yes							
	Please identify station(s) that will carry this programming.								
	<table border="1"><thead><tr><th>Facility ID</th><th>Call Sign</th><th>City</th><th>State</th></tr></thead><tbody><tr><td>167584</td><td>K28JV-D</td><td>HILO</td><td>HI</td></tr></tbody></table>	Facility ID	Call Sign	City	State	167584	K28JV-D	HILO	HI
Facility ID	Call Sign	City	State						
167584	K28JV-D	HILO	HI						
Please identify MVPD(s) or on-line video provider(s) that will carry this programming.	Spectrum DirecTV DISH								

Certification

Section	Question	Response
<p>General Certification Statements</p>	<p>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.).</p>	
	<p>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.</p>	
<p>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Leslie Wilcox <i>President and CEO</i></p> <p>09/11/2020</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>K17NC-D Verification of Surrender of License.pdf</u>	Applicant	All Purpose	K17NC-D Verification of Surrender of License