

Administrative Update for a LPTV Translator Station Application

File Number: 0000124194		Submit Date: 10/07/2020	Call Sign: W29E	T-D	Facility ID: 62183	FRN: 0002711455	State:
Wisconsin	City: COLOMA						
Service: LPT	Purpose:	Administrative Update	Status: Received	Statu	s Date: 10/07/2020	Filing Status: Active	

General Information	Section	Question			Response			
Applicant	Applicant Name, Type, and Contact Information							
Information						Applicant		
	Applicant		Address	Phone	Email	Туре		
	STATE OF WISCONSIN - EDUCATIONAL		Adam	+1 (608)	adam.	Government		
	COMMUNICATIONS BOARD		Hargrove	264-9600	hargrove@ecb.	Entity		
	Doing Business As: STATE O	F WISCONSIN -	3319 W.		org			
	EDUCATIONAL COMMUNICATIONS BOARD		Beltline Hwy					
			Madison, WI					
			53713					
			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	Contact Name	Address	Phone	Email	Contact Type
Representatives (4)	Adam Hargrove Engineering Division Administrator State of Wisconsin - Educational Communications Board	3319 W. Beltline Hwy Madison, WI 53713 United States	+1 (608) 264- 9746	adam.hargrove@ecb.org	Technical Representative
	Jeff D Ohnstad Deputy Administrator of Engineering STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD	Jeff Ohnstad 3319 W. Beltline Hwy Madison, WI 53713 United States	+1 (608) 215- 0088	jeffreyd.ohnstad@ecb.org	Technical Representative
	Barry S Persh GRAY MILLER PERSH LLP	2233 Wisconsin Avenue NW Suite 226 Washington, DC 20007 United States	+1 (202) 776- 2458	BPERSH@GRAYMILLERPERSH. COM	Legal Representative
	Douglas L Vernier <i>Senior Engineering</i> Doug Vernier, Telecommunications Consultants, LLC	Doug Vernier Doug Vernier, Telecommunications Consultants 1600 Picturesque Dr. Cedar Falls, IA 50613 United States	+1 (319) 266- 8402	dvernier@v-soft.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.	Marta Bechtol Executive Director 10/07/2020

Information not provided.

Attachments