## FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

## APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E060056 License Renewal Application

1. Applicant

**Name:** WBNS-TV, Inc. **Phone Number:** 703-873-6902

DBA Name: Fax Number:

Street: 8350 Broad Street E–Mail: mbeder@tegna.com

Suite 2000

City: Tysons State: VA

Country: USA Zipcode: 22102 -

**Attention:** Michael Beder, Esq.

Contact					
Name:	Denise A. Branson	Phone Number:	703-873-6606		
Company:	TEGNA, Inc.	Fax Number:			
Street:	8350 Broad Street	E–Mail:	dbranson@tegna.com		
	Suite 2000				
City:	Tysons	State:	VA		
Country:	USA	Zipcode:	22102 –		
Attention:	Sr. Paralegal	Relationship:	Same		
Governmental Entit	I attach FCC Form 159. I y Noncommercial e	•	ption (see 47 C.F.R.Section 1.1114).		
Other(please explain	n): 				
. Application is for renkisting license as speci		nformity with the			
n)File Number SESLIC20060222002	File Number SESLIC2006022200291		(b)Date Issued 2006–04–03 00:00:00.0		
c)Call Sign E060056		(d)Location Various	(d)Location Various		

(f)Class of Station

Fixed Satellite Transmit/Receive Earth Station (CGX)

(e)Nature of Service

Domestic Fixed Satellite Service

(g)Expiration Date 2021–04–03 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been made since the	ne last			
Items 7(a) and (b) apply to Part 21 licenses only.					
7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?					
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation  Yes  No  N/A				
8. Applicant represents that there has been no change in applicant's org		the			
applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number SEST/C2019062000806 Date 09/16/2019	ants most recent application or report embodying this information, a	ıs			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	<b>○ ◎ ○</b>	Yes No N/A		
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:				
If NO, Explain briefly why not: The license is in compliance with the FCC's rules.				
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	<b>⊚</b>	Yes No		
a. 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 license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof. b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.				
11. Designate Appropriate Classification:				
O Individual				
O Unincorporated Association				
O Partnership				
© Corporation				
O Governmental Entity				
Other (please specify)				

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Akin S. Harrison		14. Title of Person Signing Secretary					
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).							

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