

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (March 2009)	FOR FCC USE ONLY
<h3 style="margin: 0;">Analog Service Termination Notification</h3> <p style="margin: 0;">Read Notes and FAQ before filling out form</p>		FOR COMMISSION USE ONLY FILE NO. -

**Section I - General Information**

1.	Legal Name of the Applicant SHENANDOAH VALLEY EDUCATIONAL TELEVISION CORPORATION			
	Mailing Address 298 PORT REPUBLIC ROAD			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City HARRISONBURG</td> <td style="width:25%;">State VA</td> <td style="width:30%;">Zip Code 22801 - 3052</td> </tr> </table>	City HARRISONBURG	State VA	Zip Code 22801 - 3052
City HARRISONBURG	State VA	Zip Code 22801 - 3052		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">Telephone Number (include area code) 5404345391</td> <td style="width:35%;">E-Mail Address (if available) TMANCARI@WVPT.NET</td> </tr> </table>	Telephone Number (include area code) 5404345391	E-Mail Address (if available) TMANCARI@WVPT.NET	
Telephone Number (include area code) 5404345391	E-Mail Address (if available) TMANCARI@WVPT.NET			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">FCC Registration No</td> <td style="width:25%;">Call Sign WVPT</td> <td style="width:30%;">Facility ID Number 60111</td> </tr> </table>	FCC Registration No	Call Sign WVPT	Facility ID Number 60111
FCC Registration No	Call Sign WVPT	Facility ID Number 60111		
2.	Contact Representative (if other than licensee/permittee) EVE R. POGORILER			
	Firm or Company Name COVINGTON & BURLING LLP			
	Mailing Address 1201 PENNSYLVANIA AVE., N.W.			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City WASHINGTON</td> <td style="width:25%;">State DC</td> <td style="width:30%;">ZIP Code 20004 - 2401</td> </tr> </table>	City WASHINGTON	State DC	ZIP Code 20004 - 2401
City WASHINGTON	State DC	ZIP Code 20004 - 2401		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">Telephone Number (include area code) 2026625345</td> <td style="width:35%;">E-Mail Address (if available) EPOGORILER@COV.COM</td> </tr> </table>	Telephone Number (include area code) 2026625345	E-Mail Address (if available) EPOGORILER@COV.COM	
Telephone Number (include area code) 2026625345	E-Mail Address (if available) EPOGORILER@COV.COM			
3.	Purpose: <input type="radio"/> Notification of Suspension of Operations <input type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations			
	DTV Transition <input type="radio"/> Notification of Termination of Analog Service by February 17, 2009 <input type="radio"/> Certification/Alternate Showing: Analog termination on February 17, 2009 <input checked="" type="radio"/> Analog Service Termination Notification <input type="radio"/> Revocation of Early Termination Notification			
4.	Community of License: City: STAUNTON State: VA			
5.	<b>Select the appropriate button below:</b> (Option 5a Instruction: Select this choice if you will continue analog service until the June 12 transition deadline.) <input checked="" type="radio"/> a. This is <b>BINDING</b> notification that the above-referenced station will <b>terminate</b> analog television broadcast signals (excluding statutory analog nighttime service, if applicable) <b>on the June 12, 2009 transition deadline</b> at the following local time of day: <input type="radio"/> Early Morning (12:00 AM - 6:00 AM) <input type="radio"/> Morning (6:01 AM - 12:00 PM Noon)			

- 
- Afternoon (12:01 PM - 6:00 PM)
- Evening (6:01 PM - 11:59 PM).

**(If this button is selected, go to question 6.)**

*(Option 5b Instruction: Select this choice if you want to terminate analog service before April 16 and are a noncommercial educational station that will certify to significant financial hardship.)*

- b. This is **BINDING** notification that the above-referenced station, which is a **Noncommercial Educational** station, will terminate analog television broadcast signals (excluding informal analog nighttime service, if applicable) on the following local date **before April 16** because of significant financial hardship:  
(mm/dd/yyyy) at the following local time of day:
- Early Morning (12:00 AM - 6:00 AM)
- Morning (6:01 AM - 12:00 PM Noon)
- Afternoon (12:01 PM - 6:00 PM)
- Evening (6:01 PM - 11:59 PM).

*(Note: The date selected may not be earlier than March 27 or later than April 15, 2009. Stations electing to transition on the June 12, 2009 transition deadline should select the first option, above. Stations electing to transition before the June 12, 2009 transition deadline, but after April 16, 2009, should select the third option, below. We remind stations that they must obtain Commission approval to operate a post-transition digital facility prior to June 13, 2009.)*

**(If this button is selected, go to question 7.)**

*(Option 5c Instruction: Select this choice if you want to terminate analog service early and are not a major network affiliate station.)*

- c. This is **BINDING** notification that the above-referenced station, which is **NOT** a **major network affiliate** (*i.e.*, an affiliate of ABC, CBS, FOX, or NBC), will terminate analog television broadcast signals (excluding informal analog nighttime service, if applicable) on the following date:  
(mm/dd/yyyy) **after April 15** at the following local time of day
- Early Morning (12:00 AM - 6:00 AM)
- Morning (6:01 AM - 12:00 PM Noon)
- Afternoon (12:01 PM - 6:00 PM)
- Evening (6:01 PM - 11:59 PM).

*(Note: The date selected may not be earlier than April 16 or later than June 11, 2009. Stations electing to transition on the June 12, 2009 transition deadline should select the first option, above. We remind stations that they must obtain Commission approval to operate a post-transition digital facility prior to June 13, 2009.)*

**(If this button is selected, go to question 8.)**

*(Option 5d Instruction: Select this choice if you want to terminate analog service early and are a major network affiliate station.)*

- d. This is **BINDING** notification that the above-referenced station, which **IS** a **major network affiliate** (*i.e.*, an affiliate of ABC, CBS, FOX, or NBC), will terminate analog television broadcast signals (excluding enhanced analog nighttime service, if applicable) on the following local date:  
(mm/dd/yyyy) **after April 15** at the following local time of day:
- Early Morning (12:00 AM - 6:00 AM)
- Morning (6:01 AM - 12:00 PM Noon)
- Afternoon (12:01 PM - 6:00 PM)

Evening (6:01 PM - 11:59 PM).

(Note: The date indicated may not be earlier than April 16 or later than June 11, 2009. Stations electing to transition on the June 12, 2009 transition deadline should select the first option, above. We remind stations that they must obtain Commission approval to operate a post-transition digital facility prior to June 13, 2009.)

**(If this button is selected, go to question 9.)**

6. **[NOTE to question 6: The following question applies only to stations that will terminate analog television service on the June 12, 2009 transition deadline.]**

**6.a. Statutory analog nightlight service.** If the above-referenced station is determined by the FCC to be eligible to participate in the statutory analog nightlight program (i.e., for up to 30 days after the June 12, 2009 transition deadline), does the station intend to provide statutory analog nightlight service?  
(Note: Statutory analog nightlight service must be provided for no more than 30 days, but no less than two weeks, after the June 12, 2009 transition deadline.)

Yes  No

**6.b.** If YES, the station will provide statutory analog nightlight service from June 13, 2009 until the following date, which must fall between June 26 and July 12, 2009, inclusive:  
(mm/dd/yyyy)

**Go to question 11.**

7. **[NOTE to question 7: The following certification applies only to Noncommercial Educational (NCE) stations that will terminate analog television service before April 16.]**

**NCE Early Termination Certification.** Each Noncommercial Educational (“NCE”) station that will terminate analog television broadcast signals before April 16 must, as a condition of such early analog termination, certify as follows:

Licensee CERTIFIES that the above-referenced NCE station must terminate analog television service before April 16 due to significant financial hardship.

Yes  No  
 N/A

**Go to question 8.**

8. **[NOTE to question 8: The following question applies only to stations that will terminate analog television service early, i.e., before the June 12, 2009 transition deadline, and are not subject to mandatory enhanced nightlight obligations.]**

**a. Voluntary analog nightlight service.** After this station’s analog termination date, as indicated above, does this station intend to provide voluntary analog nightlight service, i.e., the station will continue broadcasting in analog to provide DTV transition information and, if necessary, emergency information?

Yes  No

**b.** If YES, the station will provide such voluntary analog nightlight service until the following date, which must be no later than the June 12, 2009 transition deadline:  
(mm/dd/yyyy)

**Go to question 11.**

9. **[NOTE to question 9: The following question applies only to stations that ARE major network affiliates and that will terminate analog television service early, i.e., prior to the June 12, 2009 transition deadline.]**

**Major Network Affiliate Early Termination Certification.** Each major network affiliate station that will terminate analog television broadcast signals prior to the June 12, 2009 transition deadline must, as a condition of such early analog termination, CERTIFY to one of the following statements:

*(Choice 9a Instruction: Select this choice if you yourself will fully comply with all public interest related conditions.)*

a. Licensee CERTIFIES that the above-referenced station will **ITSELF** fully comply with each of the **public interest related conditions** for early analog termination set forth in the Commission Report and Order, FCC 09-19, adopted March 13, 2009.

**(If this button is selected, go to question 11.)**

(Choice 9b Instruction: Select this choice if you will rely on another station or stations to satisfy one or more of the public interest related conditions. NOTE: If you are relying on another major network affiliate to provide continuing full analog service to at least 90 percent of the population in your Grade B analog contour through June 12, 2009, select Choice 9c.)

- b. Licensee CERTIFIES that the above-referenced station will **RELY** in whole or in part on one or more **major network** affiliated station(s) to fully comply with the **public interest related conditions** for early analog termination set forth in the Commission Report and Order, FCC 09-19, adopted March 13, 2009(listed in question 10).

**(If this button is selected, go to question 10.)**

(Choice 9c Select this choice if you will rely on one or more other major network affiliated station(s) to provide continuing full analog service to 90% of the viewers in your Grade B analog contour through June 12, 2009. NOTE: If you are relying on enhanced nightlight coverage, select Choice 9b.)

- c. Licensee CERTIFIES that the above-referenced station will **RELY** on the following major network affiliated station(s) to provide **continuing full analog television service** to its analog viewers until June 12, 2009, and that the station(s) listed individually or collectively cover, at a minimum, 90% of the population in the Grade B analog contour of the above-referenced station; and, therefore, the station does **NOT** need to comply with the **public interest related conditions** for early analog termination set forth in the Commission Report and Order, FCC 09-19, adopted March 13, 2009:

(List licensee name(s), call sign(s) and location(s))  
[Station List]

**(If this button is selected, go to question 11.)**

(Choice 9d Instruction: Select this choice if you will demonstrate "extraordinary, exigent circumstances" in an exhibit)

- d. Licensee CERTIFIES that the above-referenced station will experience **extraordinary, exigent** [Exhibit 6] **circumstances** and, therefore, **CANNOT** fully comply with the **public interest related conditions** for early analog termination set forth in the Commission Report and Order, FCC 09-19, adopted March 13, 2009. Instead, it makes the alternative showing of **extraordinary, exigent circumstances** in the attached **required EXHIBIT** and seeks Commission approval for early analog termination on this basis.

(Note: The showing in the attached exhibit must not exceed five (5) pages, not including attachments. Stations selecting this option must obtain express Commission approval before they may terminate analog service early)

**(If this button is selected, attach the required exhibit and then go to question 11.)**

10. [NOTE to question 10: The following question applies only to major network affiliate stations selecting "Choice 9b" (i.e., the station will rely on another major network affiliate with regard to one or more of the three public interest related conditions below) .]

**10. Each major network affiliate station that intends to rely on other local major network affiliates to comply with one or more of the following three public interest related conditions for analog termination must select one option in each of the following three sections, below. You are not required to comply with the obligations below until more than 10% of the population in your Grade B analog contour loses full major network affiliate analog service.**

**A) Continuing Analog Service Service**

**Select the one button that applies:**

- i. Licensee CERTIFIES that, when required (as indicated above), and continuing until June 12, 2009, this station will **ITSELF** provide **enhanced nightlight service** to at least 90% of the population in its Grade B analog contour.
- ii. Licensee CERTIFIES that, when required (as indicated above), this station will **RELY** on the following major network affiliated station(s) to provide **enhanced nightlight service** or **a combination of enhanced nightlight service and continuing full analog television service** to its analog viewers until June 12, 2009, and that the station(s) listed

individually or collectively cover, at a minimum, 90% of the population in the Grade B analog contour of the above-referenced station:

(List licensee name(s), call sign(s) and location(s).)  
 [Station List]

---



---

**B) Consumer Referral Telephone Number(s)**

The phone number and operating hours of the Consumer Referral Telephone Number, and operating entity's name, are as follows:

(List phone number and operating hours of the Consumer Referral Telephone Number, and operating entity's name).

[Consumer Referral Info]

---



---

**Select the one button that applies:**

- i. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will **ITSELF** operate and publicize a Consumer Referral Telephone Number for local viewers.
- ii. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will publicize and support the above-referenced Consumer Referral Telephone Number(s) for local viewers that will be operated by the following licensee(s) or other entity:

(List name(s) and, if a licensee, call sign(s) and city/state.)

[Station List]

---



---

**C) Walk-In Help Center(s)**

The location and operating hours of the Walk-In Help Center(s) are as follows:

(List street address and operating hours of the Walk-In Help Center(s).)

[Help Center Info]

---



---

**Select the one button that applies:**

- i. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will **ITSELF** operate and publicize the above-referenced Walk-In Help Center(s) for local viewers.
- ii. Licensee CERTIFIES that, beginning when required (as indicated above), and continuing until at least June 12, 2009, this station will publicize and support the Walk-in Help Center(s) for local viewers that will be operated by the following licensee(s) or other entity:

(List name(s) and, if a licensee, call sign(s) and city/state.)

[Station List]

---



---

**[NOTE to question 11: All filers must provide a consumer contact number to which the Commission can refer questions about the station's television service.]**

11.	<b>Consumer Referral Contact Number.</b>	<p>The consumer contact phone number and working hours for the above-referenced station are as follows:</p> <p>Telephone Number (include 5405782917 area code):                  Business Hours: 8:30 AM - 5:00 PM, MONDAY - FRIDAY</p> <p>(List local phone number and business hours for station.)</p> <p><i>(Instructions: The contact telephone number provided must be staffed by persons with specific knowledge of the station's service coverage. For example, they must be able to answer questions from viewers about reception and service loss.)</i></p>
-----	--	--

**[NOTE : All filers must make the following certifications.]**

12.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
-----	---	---

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing TONY MANCARI	Typed or Printed Title of Person Signing CHIEF OPERATING OFFICER
Signature	Date (mm/dd/yyyy) 3/16/2009

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

**Exhibits**

# Federal Communications Commission

**FCC MB - CDBS Electronic Filing**  
**Account number: 978561**

**Description: WVPT ANALOG SERVICE TERMINATION NOTIFICATION DUE MARCH  
17**

**Successfully filed at Mar 16 2009 5:16PM**

**Based on the information supplied, no fee is required.**

[Informal Menu](#)

[Logout](#)