

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 387</p>	Approved by OMB 3060-1105 (January 2008)	FOR FCC USE ONLY
<p>DTV TRANSITION STATUS REPORT</p> <p>PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM</p>		FOR COMMISSION USE ONLY FILE NO. BDTRET - 20080219BLU

NOTE: This Form must be filed by all full-power broadcast television stations (licensees and permittees) no later than February 19, 2008. Each Licensee/Permittee is responsible for the continuing accuracy and completeness of the information furnished in this Form. Each Licensee/Permittee must update this Form, as necessary, until such Licensee/Permittee reports the completion of its transition (i.e., that it has begun operating its full, authorized facility as defined in the post-transition DTV Table, 47 C.F.R. 73.622(i), and accompanying Appendix B).

SECTION I - GENERAL INFORMATION

Licensee/Permittee Information			
1.	Legal Name of the Licensee/Permittee WEST TENNESSEE PUBLIC TELEVISION COUNCIL, INC.		
	Mailing Address P.O. BOX 966		
	City MARTIN	State or Country (if foreign address) TN	ZIP Code 38237 -
	Telephone Number (include area code) 7318817561	E-Mail Address (if available) DHINMAN@WLJT.ORG	
Contact Information (if different from licensee/permittee)			
2.	LAWRENCE M. MILLER		
	Mailing Address 1233 20TH STREET, NW SUITE 610		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 - 7322
	Telephone Number (include area code) 2028331700	E-Mail Address (if available) MILLER@SWMLAW.COM	
Station / Facility Information			
3.	FCC Registration Number 0001773761		
	Call Sign WLJT	Facility ID Number 71645	
	Community of License: City LEXINGTON	State TN	
	Network Affiliation (if applicable) PBS	Satellite? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Purpose of Form:			
4.	a. <input checked="" type="radio"/> Status Report b. <input type="radio"/> Update - c. <input type="radio"/> Amendment		
	If an amendment, submit as an Exhibit a listing by Section and Question Number the		[Exhibit 1]

portions of the pending application that are being revised.

SECTION II - CURRENT STATUS

1.	Currently Assigned Channels:	
	a. NTSC Channel:	11
	b. Post-Transition DTV Channel:	47
	c. Pre-Transition DTV Channel (if different from Post-Transition channel.):	
2.	Relevant FCC File No. for Post-Transition Authorization, if on file with Commission (or indicate "Not Yet Filed"):	
	FCC File No. BLEDT- 20080219BJY	<input type="checkbox"/> Not Yet Filed
3.	Current Construction Deadline:	

SECTION III - POST-TRANSITION FACILITY (Complete all items unless otherwise indicated.)

1.	Operational Status:
	Is the Licensee/Permittee now operating its fully authorized final, DTV (post-transition) facility?
	<input checked="" type="radio"/> Yes <input type="radio"/> No (If YES, go to Section V; If NO, go to Item 2.)
2.	If Item 1 is NO (i.e., not fully operational), then indicate operational status of final, DTV (post-transition) facility and indicate date Licensee/Permittee expects to begin full, authorized post-transition operations: (check one)
	<input type="radio"/> (i) Licensee/Permittee is operating its post-transition facility pursuant to program test authority; see 47 C.F.R. § 73.1620(a). If checked, indicate date Licensee/Permittee expects to file its license to cover (FCC Form 302) application. Expected Operational Date: (mm/dd/yyyy)
	<input type="radio"/> (ii) Licensee/Permittee is operating its post-transition facility pursuant to special temporary authority (STA) or at a reduced facility. If checked, indicate power level and percentage of analog population covered by reduced facility. Power Level kW Population: %
	<input type="radio"/> (iii) Licensee/Permittee is not operating its post-transition facility.
3.	Construction Status:
	Has the Licensee/Permittee completed construction of its final, DTV (post-transition) facility?
	<input type="radio"/> Yes <input type="radio"/> No (If YES, skip Items 4-5 and go to Item 6(a); If NO, go to Item 4.)
4.	If Item 3 is NO (i.e., not fully constructed), then indicate construction status of final, DTV (post-transition) facility and indicate date Licensee/Permittee expects to complete construction: (check all that apply)
	<input type="checkbox"/> (i) Licensee/Permittee has not begun construction of its post-transition facility. Expected Construction Date: (mm/dd/yyyy)
	<input type="checkbox"/> (ii) Licensee/Permittee is now constructing its post-transition facility.
	<input type="checkbox"/> (iii) Licensee/Permittee has constructed a reduced post-transition facility and additional construction is needed to complete Licensee/Permittee's fully authorized facility.
5.	Construction Permit Status:
	Does the Licensee/Permittee hold a license or construction permit for its final, DTV (post-transition) facility?
	<input type="radio"/> Yes <input type="radio"/> No (If YES, go to Item 6(a); If NO, skip Item 6(a) and go to Item 6(b).)
6.	a. Does the Licensee/Permittee need to modify its license or construction permit in order to match the post-transition

the transition date. If checked, indicate relevant FCC File No. and proposed date service will cease.

Licensee/Permittee must describe in detail its plans for ceasing analog broadcasting by the February 17, 2009 transition date and for completing construction of its post-transition facility by the deadline. For example, plan must include a detailed time line of the Licensee/Permittee's plans to complete construction and any necessary testing of the Licensee/Permittee's full, authorized post-transition facility.	[Exhibit 4]
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SECTION VII -- ANTI-DRUG ABUSE ACT CERTIFICATION

Filer certifies that neither it nor any party to the form 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
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SECTION VIII -- CERTIFICATION

I 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. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing DAVID HINMAN	Typed or Printed Title of Person Signing CEO
Signature	Date 02/19/2008

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

Exhibit 3

Description: REQUEST FOR MODIFICATION OF APPENDIX B

THE LICENSEE REQUESTS MODIFICATION OF APPENDIX B TO REFLECT ITS LICENSED FACILITIES. APPENDIX B SPECIFIES, IN PERTINENT PART, ERP OF 1000 KW AT 195 METERS HAAT WITH ANTENNA ID 74937. THE STATION IS CONSTRUCTED AND HAS A PENDING APPLICATION FOR LICENSE IN EXACT ACCORDANCE WITH ITS CONSTRUCTION PERMIT FOR 282 KW AT 167 METERS HAAT WITH A DIRECTIONAL JAM, JA/MS-AL-16 ANTENNA. THE APPENDIX B FACILITIES REFLECT THE POWER ACCORDED TO VHF STATIONS CHANGING TO A POST-TRANSITION UHF CHANNEL, BUT THEY ARE VASTLY IN EXCESS OF WHAT IS NEEDED TO FULLY REPLICATE ANALOG SERVICE. THE STATION AS BUILT PROVIDES EXCELLENT SERVICE TO THE AREA AND THE COST OF OPERATING A UHF STATION AT 1000 KW WOULD BE EXHORBITANT FOR A SMALL PBS-MEMBER STATION. CONSEQUENTLY, THE LICENSEE REQUESTS MODIFICATION OF APPENDIX B TO REFLECT THE LICENSED FACILITIES IN ALL REGARDS. THIS REQUEST IS INCLUDED HERE AS EXHIBIT 3 ON THE ADVICE OF FCC STAFF BECAUSE THERE IS NO PLACE ON THE FORM SPECIFICALLY DESIGNED FOR THIS SITUATION.

Attachment 3