

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 387</b></p>	Approved by OMB 3060-1105 (February 2009)	FOR FCC USE ONLY
<b>DTV TRANSITION STATUS REPORT</b>		FOR COMMISSION USE ONLY FILE NO. BDTRET - 20090401ABF
PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM		

**NOTE:** 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**

<b>Licensee/Permittee Information</b>			
1.	Legal Name of the Licensee/Permittee PUBLIC BROADCASTING COUNCIL OF CENTRAL NEW YORK		
	Mailing Address P.O. BOX 2400		
	City SYRACUSE	State or Country (if foreign address) NY	ZIP Code 13220 -
	Telephone Number (include area code) 3154532424	E-Mail Address (if available) WWW.WCNY.ORG	
<b>Contact Information (if different from licensee/permittee)</b>			
2.	Contact Representative TODD D. GRAY		
	Firm or Company Name DOW LOHNES PLLC		
	Mailing Address 1200 NEW HAMPSHIRE AVE., N.W. SUITE 800		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 - 6802
	Telephone Number (include area code) 2027762000	E-Mail Address (if available) TGRAY@DOWLOHNES.COM	
<b>Station / Facility Information</b>			
3.	FCC Registration Number 0003409299		
	Call Sign WCNY-TV	Facility ID Number 53734	
	Community of License: City SYRACUSE	State NY	
	Network Affiliation (if applicable) PBS	Satellite? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Purpose of Form:</b>			
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 portions of the pending application that are being revised.		
			[Exhibit 1]

**SECTION II - CURRENT STATUS**

1. Currently Assigned Channels:		
a. NTSC Channel:	24	
b. Post-Transition DTV Channel:	25	
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.	BMLEDT- 20040916ABJ	<input type="checkbox"/> Not Yet Filed
3. Current Construction Deadline:		

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

<b>1. Operational Status:</b>	
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.)	
<b>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)</b>	
<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.	
<b>3. Construction Status:</b>	
Has the Licensee/Permittee completed construction of its final, DTV (post-transition) facility?	
<input checked="" 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.)	
<b>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)</b>	
<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.	
<b>5. Construction Permit Status:</b>	
Does the Licensee/Permittee hold a license or construction permit for its final, DTV (post-transition) facility?	
<input checked="" 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).)	
<b>6. a. Does the Licensee/Permittee need to modify its license or construction permit in order to match the post-transition facilities defined for the Licensee/Permittee in the new DTV Table of Allotments, 47 C.F.R. § 73.622(i), as adopted in the Seventh Report and Order in MB Docket No. 87-268?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No (If YES, go to 6(b); If NO, skip Item 6(b) and go to Section IV.)	
<b>b. Has the Licensee/Permittee filed an application for a new or modified construction permit for its final, DTV (post-transition) facility? (If YES, indicate relevant FCC File No. and date filed; If NO, indicate date Licensee/Permittee expects to file such application.) (NOTE: To qualify for expedited processing, the Licensee/Permittee must file its application within 45 days of the effective date of the Report and Order in the Third DTV Periodic Review proceeding, MB Docket No. 07-91, as well as meet</b>	

other criteria established in that proceeding.)	
<input type="radio"/> Yes	FCC File No.- Filing Date: (mm/dd/yyyy)
<input type="radio"/> No	Expected Filing Date:(mm/dd/yyyy)

**SECTION IV -- ADDITIONAL STEPS NEEDED TO COMPLETE CONSTRUCTION (For Licensees/Permittees that are not fully constructed or operational.)**

At present, Licensee/Permittee has the following needs that must be addressed before it can fully construct and/or operate its final, DTV (post-transition) facility: (check all that apply and for all checked responses, describe issue and estimate date of resolution. If necessary, provide an explanation or attach an Exhibit).	[Exhibit 2]
<input type="checkbox"/> (1)Licensee/Permittee needs to obtain FCC action on a pending application. (If checked, indicate date filed and relevant FCC File No.) FCC File No. - _____ Date filed: (mm/dd/yyyy) _____ <input type="checkbox"/> (2)Licensee/Permittee needs to obtain international government clearance for its post-transition facility. <input type="checkbox"/> (3)Licensee/Permittee needs to obtain FAA approval for its post-transition facility. <input type="checkbox"/> (4)Licensee/Permittee needs to obtain state or local governmental approval (e.g., zoning) for its post-transition facility. <input type="checkbox"/> (5)Licensee/Permittee needs to obtain, adjust and/or install equipment for its post-transition facility. (If checked, specify need below and indicate when equipment was ordered and expected delivery date.) <input type="checkbox"/> (1) New antenna. <input type="checkbox"/> (2) Adjust or install antenna (except for side-mount issue). <input type="checkbox"/> (3) Switch side-mounted DTV antenna with top-mounted analog antenna. <input type="checkbox"/> (4) New transmitter. <input type="checkbox"/> (5) Adjust or install transmitter. <input type="checkbox"/> (6) General installation of equipment requiring hiring of a tower crew. <input type="checkbox"/> (7) Other equipment needs. (If checked, specify.) <input type="checkbox"/> (6)Licensee/Permittee needs to change its tower location or construct a new tower. <input type="checkbox"/> (7)Licensee/Permittee needs to coordinate its transition with other broadcast stations. (If checked, specify Call Signs of those other stations.) <input type="checkbox"/> (8)Licensee/Permittee has other needs that must be addressed before it can fully construct and operate its post-transition facility. (If checked, explain.)	

**SECTION V -- ANALOG SERVICE**

Status of Analog Service. (Check one.) If necessary, provide an explanation or attach an Exhibit. Note: Full-power television broadcast stations must cease broadcasting in analog as of the transition date (i.e., June 12, 2009), as required by statute; see 47 U.S.C. § 309(j)(14).	[Exhibit 3]
<input checked="" type="radio"/> (1)Licensee/Permittee will continue to provide full, authorized analog service until the transition date. <input type="radio"/> (2)Licensee/Permittee has obtained FCC approval to reduce its analog service prior to the transition date. If checked, indicate relevant FCC File No., date reduced service will begin, power level and percentage of population covered by Licensee/Permittee's analog service. <input type="radio"/> (3)Licensee/Permittee has obtained FCC approval to terminate its analog service prior to the transition date. If checked, indicate relevant FCC File No. and date service will cease. <input type="radio"/> (4)Licensee/Permittee has filed an application with the FCC requesting approval to reduce its analog service prior to the transition date. If checked, indicate relevant FCC File No., proposed date reduced service would begin, proposed power level and percentage of population that would be covered by Licensee/Permittee's proposed reduced analog service. <input type="radio"/> (5)Licensee/Permittee has filed an application with the FCC requesting approval to terminate its analog service prior to the transition date. If checked, indicate relevant FCC File No. and proposed date service will cease.	

**SECTION VI -- DTV TRANSITION PLAN For Licensees/Permittees that are not fully constructed or operational.**

Licensee/Permittee must describe in detail its plans for ceasing analog broadcasting by the June 12, 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 JOHN M DUFFY	Typed or Printed Title of Person Signing V.P. TECHNOLOGY AND OPERATIONS
Signature	Date 4/1/2009

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****Attachment 4**