DTV Quarterly Activity Station Report

FCC 388
DTV Quarterly Activity Station Report

Licensee
NORTHLAND TELEVISION, LLC

Call Sign Facility Id Previous Call Sign (if applicable)
WJFW-TV 49699

Community of License
City State County Zip Code
RHINELANDER WI ONEIDA 54501

Nielsen DMA World Wide Web Home Page Address Licensee Renewal Expiration Date
WAUSAU-RHINELANDER WWW.WJFW.COM (mm/dd/yyyy)

Channel Numbers: (Check the Channel Number(s) to which this form applies.)
☐ Analog 12
☐ Digital 16

Report reflects information for quarter ending: 03/31/2009

Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?
☐ Option One (A and D) ☑ Option Two (B and D) ☐ Option Three (C and D)

Over the past quarter, have you fully complied with the requirements of this option? ☑ Yes ☐ No

Simulcasting:
Are you simulcasting on your Analog channel and your primary Digital stream? ☑ Yes ☐ No

Application Purpose:
☐ DTV Education Report
☐ Amendment File Number -

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

Section A (For broadcasters electing Option One).

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day? ☑ Yes ☐ No

Have you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day? ☑ Yes ☐ No

Section D (For all broadcasters)
**Additional DTV On-air Initiatives - Last Quarter**

Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.

Yes [ ] No [ ]

Comments:

26 NEWS STORIES ABOUT THE CONVERSION.

**WE AIRED A 1/2 HOUR DTV EDUCATION SHOW ABOUT THE CONVERSION.**

**Station Website Additional Activity Related to the DTV Transition - Last Quarter**

Does your station have a Website? [ ] Yes [ ] No

Comments:

WE RAN A CRAWL ON THE WEBSITE.
WE ALSO RAN DTV EDUCATIONAL INFORMATION IN A BANNER BOX.
ALSO WE HAD LINKS TO SEVERAL OTHER DTV EDUCATIONAL SITES ON THE WEBSITE.

**Additional DTV Outreach Efforts -- Last Quarter**

Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.

- Speaking Engagements

Comments:

- Community Events

Comments:

☐ Other (describe)

Comments:

HAD AN EDUCATIONAL MEETING AT THE LOCAL RADIO SHACK.

HAD A PHONE BANK WHEN THE 1/2 HOUR DTV EDUCATION SHOW AIRED

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments:

**Station Certification**

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing: GREG BUZZELL

Typed or Printed Title of Person Signing:
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).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PR, Paperwork Reduction Project (3060-1115), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.