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Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)	FOR FCC USE ONLY
FCC 388		FOR COMMISSION USE ONLY	
DTV Quarterly Activity Station Report		FILE NO. -20090105AFI	
Licensee COURTNEY BURLINGAME			
Call Sign WNCT-TV	Facility Id 57838	Previous Call Sign (if applicable)	
Community of License			
City	State	County	Zip Code
GREENVILLE	NC	PITT	27834 -
Nielsen DMA GREENVILLE-N.BERN- WASHNGTN	World Wide Web Home Page Address WNCT.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 12/01/2004	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	9		
Report reflects information for quarter ending: 12/31/2008			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)			
Over the past quarter, have you fully complied with the requirements of this option?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Simulcasting:			
Are you simulcasting on your Analog channel and your primary Digital stream?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application Purpose:			
<input checked="" type="radio"/> DTV Education Report			
<input type="radio"/> Amendment		File Number -	
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.			

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	468
Total 5:00 a.m. to 1:00 a.m. CSTs	271
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m. PSAs	60
Total 6:00 a.m. to 9:00 a.m. CSTs	0
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m. PSAs	116
Total 6:00 p.m. to 11:35 p.m. CSTs	66
For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	
Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	
Comments: THE ABOVE COUNT REFLECTS ONLY THE STATIONS EFFORTS TOWARD DTV EDUCATION. ADDITIONALLY OUR CW CHANNEL AIRRED 170 PSA'S AND 224 CST'S, 162 OF WHICH WHERE IN PRIMETIME. OUR AFFILIATE NETWORK, CBS, ALSO RAN ITS OWN DTV EDUCATION PSAS AND CSTS.	

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.	
Total number of 30 Minute Informational Programs	0
Comments:	

100-Day Countdown Eligible Pieces - Last Quarter

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Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?

0	<i>Graphic Displays</i>
0	<i>Animated Graphics</i>
224	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>

Comments:

WNCT RAN 3 SOFT LAUNCHES (TWO 2 MINUTE LAUNCHED AND ONE 5 MINUTE LAUNCH). EACH SOFT LAUNCH HAD SCROLLING INFORMATION AND AUDIO TO BACK IT UP. IT ALSO GIVE THE WEBSITE AND PHONE NUMBER FOR MORE ANSWERS.

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.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Comments:

WNCT RAN 3 SOFT LAUNCHES (TWO 2 MINUTE LAUNCHED AND ONE 5 MINUTE LAUNCH). EACH SOFT LAUNCH HAD SCROLLING INFORMATION AND AUDIO TO BACK IT UP. IT ALSO GIVE THE WEBSITE AND PHONE NUMBER FOR MORE ANSWERS.

Station Website Additional Activity Related to the DTV Transition - Last Quarter	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Comments:

WNCT.COM HAS IT'S OWN PAGE DEDICATED TO ANSWERING FREQUENTLY ASKED QUESTIONS ABOUT THE DIGITAL SWITCH. IT ALSO HAS INFORMATIONAL VIDEOS, AND ADDITIONAL LINKS.

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:

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	Typed or Printed Title of Person Signing COURTNEY BURLINGAME
Signature COURTNEY BURLINGAME	Date (mm/dd/yyyy) 01/05/2009

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).

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