

(REFERENCE COPY - Not for submission)

### Schedule 381 Certification

File Number: **0000003159** Submit Date: **07/06/2015** Call Sign: **KMCT-TV** Facility ID: **38584** FRN: **0028580298** State:

Louisiana City: WEST MONROE

Service: DTV Purpose: Schedule 381 Certification Status: Received Status Date: 07/06/2015 Filing Status: Active

# General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## **Applicant Information**

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
First Assembly of God of West Monroe	715 Cypress St.	+1 (318) 387- 1500	kalbritton@thevoicenetwork. tv	Not-for- Profit
Doing Business As: FIRST ASSEMBLY OF GOD OF WEST MONROE	West Monroe, LA 71291			
	United States			

#### **Authorization Holder Name**

1.

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
Joseph C Chautin , III .  Legal Counsel	1080 West Causeway Approach	+1 (985) 629- 0777	jchautin@hardycarey. com	Legal Representative
	Mandeville, LA 70471			
Hardy, Carey, Chautin & Balkin, LLP	United States			

#### Schedule 381

Section	Question	Response
Database Certification	License File Number:	BMLCDT- 20090915ADF
	Licensee hereby certifies that it has reviewed its license authorization/construction permit and underlying Database Technical Information for its Eligible Facility as reflected in File Number BMLCDT-20090915ADF and	it is accurate and complete to the best of its knowledge
Information on Licensed Facility	Transmitter Make:	C.L. Marsden
	Transmitter Model:	A1KST8U
	Transmitter Maximum Power Output:	1.0
	Transmitter Type:	Solid State
Licensee's Primary Antenna	Antenna Type:	Slot
	Is the licensee's primary antenna capable of operating over multiple channels (e.g., broadband)?	Yes
	Antenna Range:	From 614.0 MHz to 620.0 MHz
	Is the licensee's primary antenna shared?	No
	Antenna Location:	Side Mount
Licensee's Primary Transmission Line	Transmission Line Type:	Flexible
Antenna Support Structure	Year of last structural analysis conducted on the structure:	Other
	Under what structural standard was the last structural analysis conducted:	Other
	Does the licensee own this antenna support structure:	Yes

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The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).  The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S. C, \$862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications field in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) for the definition of 'party to the application' as used in this certification \$2,1002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.  FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID  Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements requirements that apply to the type of Authorization requested in this application.  Authorized Party to Sign  I certify that this application includes all required and relevant attachments.  I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization (so Secretary)	Section	Question	Response
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File Name	Uploaded By	Attachment Type	Description
KMCT.pdf	Applicant	General Information	KMCT Schedule 381 Exhibit