



(REFERENCE COPY - Not for submission)  
**DTV Legal STA Application**

File Number: **0000112526** | Submit Date: **04/22/2020** | Call Sign: **KTLM** | Facility ID: **62354** | FRN: **0019509470** | State: **Texas** | City: **RIO GRANDE CITY**  
 Service: **DTV** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **04/23/2020** | Expiration Date: **07/03/2020** | Filing Status: **InActive**

**General Information**

Section	Question	Response
---------	----------	----------

**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Legal STA	MGT	\$200.00
<b>Total</b>		<b>\$200.00</b>

**Applicant  
Information**

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

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>NBC TELEMUNDO LICENSE LLC</b>	Margaret L. Tobey 300 NEW JERSEY AVENUE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524- 6401	MARGARET. TOBEY@NBCUNI.COM	Limited Liability Company

---

**Authorization Holder Name**

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  
(2)**

Contact Name	Address	Phone	Email	Contact Type
<b>H. Douglas Lung</b> <i>Corporate Engineering Manager</i> NBCUniversal, LLC	H. Douglas Lung PO Box 98 Honolulu, HI 96728 United States	+1 (818) 334- 4034	doug.lung@nbcuni.com	Technical Representative
<b>Margaret L Tobey</b> <i>Assistant Secretary</i> NBCUniversal, LLC	Margaret L Tobey 300 New Jersey Avenue, NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	margaret. tobey@nbcuni.com	Legal Representative

**Channel and  
Facility  
Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Proposed Community of License</b>	Facility ID	62354
	State	Texas
	City	RIO GRANDE CITY
	DTV Channel	40
	Designated Market Area	Harlingen-Wslco-Brnsvl-McA
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	3

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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 filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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 will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Margaret L. Tobey</b>  <i>Assistant Secretary</i></p> <p>04/22/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>Exhibit for Legal STA Req to Modify Phase Assignment for KTLM to Phase 10.pdf</u></a>	Applicant	All Purpose	Request to Modify Phase Assignment
<a href="#"><u>KTLM COVID-19 Phase Change Letter Final 4.23.2020.pdf</u></a>	Internal	All Purpose	Phase Change Grant (COVID-19)