



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

File Number: **0000185183** | Submit Date: **02/22/2022** | Call Sign: **KTIV** | Facility ID: **66170** | FRN: **0018223693** | State:  
**Iowa** | City: **SIoux CITY**  
Service: **DTV** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **03/22/2022** | Expiration Date: **09/06/2022** | Filing Status:  
**Active**

**General Information**

Section	Question	Response
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**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Invoice Submission Extension Request
<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:	

**Applicant  
Information**

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

Applicant	Address	Phone	Email	Applicant Type
<b>Gray Television Licensee, LLC</b> Doing Business As: KTIV	4370 Peachtree Road, NE Atlanta, GA 30319 United States	+1 (404) 504- 9828	allfccclms@gray. tv	Limited Liability Company

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**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  
(3)**

Contact Name	Address	Phone	Email	Contact Type
<b>David Burke</b> <i>Senior Vice President and CTO</i> Gray Television, Inc.	201 Monroe Street Montgomery, AL 36104 United States	+1 (334) 206- 1475	david.burke@gray. tv	Technical Representative
<b>Ari Meltzer</b> Wiley Rein LLP	2050 M Street NW Washington, DC 20036 United States	+1 (202) 719- 7467	ameltzer@wiley. law	Legal Representative
<b>Joan Stewart</b> Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719- 7438	jstewart@wiley.law	Legal Representative

**Channel and  
Facility  
Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Proposed Community of License</b>	Facility ID	66170
	State	Iowa
	City	SIOUX CITY
	DTV Channel	14
	Designated Market Area	Sioux City
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	2

**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>Robert Folliard</b>  <i>Assistant Secretary</i></p> <p>02/22/2022</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>KTIV Request to Shift Invoice Submission Deadline 4862-5618-8432 v.1.pdf</u></a>	Applicant	General Information	Justification for Extension
<a href="#"><u>KTIV-WBNG-WISE InvoiceDeadlineExtension 3-22-22.pdf</u></a>	Internal	All Purpose	