

(REFERENCE COPY - Not for submission)

## Schedule 381 Certification

File Number: 0000003807 | Submit Date: 07/09/2015 | Call Sign: KFDM | Facility ID: 22589 | FRN: 0021268396 | State:

Texas City: BEAUMONT

Service: DTV Purpose: Schedule 381 Certification Status: Received Status Date: 07/09/2015 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
KFDM LICENSEE, LLC Doing Business As: KFDM LICENSEE, LLC	C/O CLIFFORD HARRINGTON, PILLSBURY 1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8525	CLIFFORD. HARRINGTON@PILLSBURYLAW. 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 (1)

Contact Name	Address	Phone	Email	Contact Type
CLIFFORD M. HARRINGTON PILLSBURY WINTHROP SHAW PITTMAN LLP	1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8000	CLIFFORD. HARRINGTON@PILLSBURYLAW. COM	Legal Representative

## Schedule 381

Database Certification  License File Number:  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 BLCDT-20110513ABB and  Information on Licensed Facility  Transmitter Model:  BLCDT-20110513  It is accurately as complete best of its knowledge.  HARRIS  PWR30D	rate and to the
permit and underlying Database Technical Information for its Eligible Facility as reflected in File Number BLCDT-20110513ABB and best of its knowledge.  Information on Licensed Facility  Transmitter Make:  HARRIS	to the
on Licensed Facility	
Transmitter Model:	
Transmitter Model.	)1
Transmitter Maximum Power Output: 30.0	
Transmitter Type: Tube	
Licensee's Antenna Type: Slot Primary Antenna	
Is the licensee's primary antenna capable of operating over multiple channels (e.g., No broadband)?	
Is the licensee's primary antenna shared?	
Antenna Location: Top Mou	nt
Licensee's Transmission Line Type: Rigid Primary Transmission Line	
Section Lengths: 19.50 fee	et .
Antenna Year of last structural analysis conducted on the structure: 2009 Support Structure	
Under what structural standard was the last structural analysis conducted:  Other	
Does the licensee own this antenna support structure:	

## Certification

Section	Question	Response
General Certification Statements	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 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.	
Authorized Party to Sign	FAILURE TO SIGN THIS 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 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.  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).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	David B. Amy Secretary, Sinclair Television Group, Inc.
		07/09/2015

### **Attachments**

File Name	Uploaded By	Attachment Type	Description
STRUCTURAL STANDARD EXHIBIT (A).docx	Applicant	General Information	STRUCTURAL STANDARD EXHIBIT