

## Reduced Power Notification for a DTV Station Application

File Number: 0000083778 Submit Date: 10/02/2019		Submit Date: 10/02/2019	Call Sign: KCNS Facility ID: 71586		FRN: 0029023009	State:		
California	California City: SAN FRANCISCO							
Service: DTV	Purpose: F	Reduced Power Notification	n Status: Receive	d Status Date: 10/	02/2019 Filing Statu	s:		
InActive								

General Information	Section	Section Question Response						
Applicant Information		Applicant Name, Type, and Contact Information						
mornation	Applicant	Address	Phone	Email	Applicant Type			
	NRJ TV SAN FRAN LICENSE CO, LLC	Jeff Hazelrigg 722 S. DENTON TAP ROAD	+1 (972) 947- 3392	jeff@nrjventures. com	Limited Liability Company			
		SUITE 130 COPPELL, TX 75019 United States						

## **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>Jeff Hazelrigg</b> NRJ TV SAN FRAN LICENSE CO, LLC	Jeff Hazelrigg 722 S. DENTON TAP ROAD SUITE 130 COPPELL, TX 75019 United States	+1 (972) 947- 3392	jeff@nrjventures. com	Licensee
	<b>Ari Meltzer</b> Wiley Rein LLP	Ari Meltzer 1776 K Street NW Washington, DC 20006 United States	+1 (202) 719- 7467	ameltzer@wileyrein. com	Legal Representative

Station Status	Question	Response
	Reduce Power Since:	09/22/2019

General Certification Statements       The Applicant walves 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 accuration with the application (See Section 30 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 banefile parsaunt to §5301 of the Anti-Drug Abuse Act of 1988, 201 U.S.C. §522. Closeds of a comvicion for passession or distribution of a controlled substance. This settification dees not apply to applications field in services exampled under §1.2002(c) of the ucles, 47 CFR. See §1. 2002(b) of the rules, 47 CFR. §1.2002(b) roth ed 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 are true, complete, orient, and made in good faith.         Authorized Party to Sign Vertifies application or coverage requirements will react the authorization Holder may be subject to certain construction or coverage requirements will react the authorization. Hold withorization. NULLFUL FAISE STATEMENTS MADE ONTHIS FORM OR NAY FEES PAID         VULLFUL FAISE STATEMENTS MADE ONTHIS FORM OR NAY ATTACHMENTS AKE PUNSHABLE BY FINE ANDO REVOCATION OF ANY STATEN AUTHORIZATION (US). Code, Tile 47, §303).       Yes         Leading the this application, includes all required and relevant attachments.       Yes	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to §3001 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §62, because of a conviction for possession or distribution of a controlled subsance. This certification dees not apply to applications filed in services exempted under §1,2002(c) of the rules, 47 CFR, See §1, 2002(c) of the application filed in services application, and are true, correct, and made in this application and in the exhibitis, attachments, or documents incorporated by reference are material, are part of this application, and are true, correct, and made in good faith.         Authorized Party to Sign       FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFETURE OF ANY FEES PAID         Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements will result in automatic canceltation of the charbitizet. Consult appropriate FCC regulations to determine the consult time application.         OR MAY EESE STATEMENTS MADE ON THIS FORM OR ANY TACHMENTS ANDE ON THIS FORM OR ANY TATACHMENTS ANDE ON THIS FORM OR ANY TATACHMENTS ANDE ON THIS FORM OR ANY ATTACHMENTS ANDE ON THIS FORM OR ANY ATTACHMENTS.       Ves         I declare, under panelization includes all required and relevant attachments.       I declare, under panelization includes all required and relevant attachments.       Joff Hazelrigg CFO			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	
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).YesI certify that this application includes all required and relevant attachments.YesI declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.Jeff Hazelrigg CFO			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	
relevant attachments. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. Jeff Hazelrigg CFO		Authorized Party to Sign	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.	
representative of the above-named applicant for the <i>CFO</i> Authorization(s) specified above.				Yes
10/02/2019			representative of the above-named applicant for the	CFO

Attachments	File Name	Uploaded By	Attachment Type	Description
	2019.10.02.KCNS.NoticeOfReducedPower.pdf	Applicant	All Purpose	