



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

File Number: **0000055501** | Submit Date: **06/28/2018** | Call Sign: **KBLR** | Facility ID: **63768** | FRN: **0012852398** | State: **Nevada** | City: **PARADISE**  
 Service: **DTV** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **07/16/2018** | Expiration Date: **08/13/2018** | 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)?	Yes
	Total number of rule sections involved in this waiver request:	1

Application Type	Fee Code	Fee Amount
Legal STA	MGT	\$190.00
<b>Total</b>		<b>\$190.00</b>

**Applicant  
Information**

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

Applicant	Address	Phone	Email	Applicant Type
<b>TELEMUNDO LAS VEGAS LICENSE LLC</b>	MARGARET TOBEY C/O NBCUNIVERSAL 300 NEW JERSEY AVENUE, NW 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> TELEMUNDO LAS VEGAS LICENSE LLC	PO BOX 98 HONOMU, HI 96728 United States	+1 (818) 334-4034	DOUG. LUNG@NBCUNI.COM	Technical Representative
<b>MARGARET L. TOBEY</b> <i>VICE PRESIDENT REGULATORY AFFAIRS</i> TELEMUNDO LAS VEGAS LICENSE LLC	C/O NBCUNIVERSAL 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**

Section	Question	Response
Facility ID	63768	
State	Nevada	
City	PARADISE	
DTV Channel	40	
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
-------------	-----------	------	-------

**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 , Tobey .</b>  <i>Assistant Secretary</i></p> <p>06/28/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">Engineering Statement.pdf</a>	Applicant	Fees, Waivers and Exemptions	Engineering Statement
<a href="#">Request to Modify Repack Transition Schedule for KBLR.pdf</a>	Applicant	Fees, Waivers and Exemptions	Request to Modify Repack Transition Schedule
<a href="#">tvixstudy(KBLR-20180614).txt</a>	Applicant	All Purpose	tvixstudy.txt file with results of interference study