

## 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
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	<b>Roy P Stype , III .</b> <i>Consulting Engineer</i> Carl E. Smith Consulting Engineers	PO Box 807 Bath, OH 44210-0807 United States	+1 (330) 659- 4440	rstype@aol.com	Technical Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of	Facility ID	74100
	License	State	Nevada
		City	LAS VEGAS
		DTV Channel	26
		Designated Market Area	Las Vegas
	Zone	Zone	2

Antenna Location Data	Section	Question	Response
	Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
		ASR Number	1011437
	Coordinates (NAD83)	Latitude	35° 56' 44.7" N+
		Longitude	115° 02' 37.6" W-
		Structure Type	LTOWER-Lattice Tower
		Overall Structure Height	77.4 meters
		Support Structure Height	58.5 meters
		Ground Elevation (AMSL)	1321.3 meters
	Antenna Data	Height of Radiation Center Above Ground Level	67.7 meters
		Height of Radiation Center Above Average Terrain	606 meters
		Height of Radiation Center Above Mean Sea Level	1389.0 meters
		Effective Radiated Power	1000 kW

Antenna Technical Data	Section	Question	Response
	Antenna Type	Antenna Type	Non-Directional
		Do you have an Antenna ID?	Yes
		Antenna ID	86870
	Antenna Manufacturer and Model	Manufacturer:	Dielectric
		Model	TFU-24GTH
		Rotation	
		Electrical Beam Tilt	Not Applicable
		Mechanical Beam Tilt	Not Applicable
		toward azimuth	
		Polarization	Elliptical
	DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
		Uploaded file for elevation antenna (or radiation) pattern data	

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	<b>David M. Giles</b> Vice President, Deputy GC, Chief Ethics Officer
			05/12/2021

## Attachments

File Name	Uploaded By	Attachment Type	Description
DA-21-600A1.pdf	Internal		Notice for Proposed Rule Making
<u>DA-23-990A1.pdf</u>	Internal		Report And Order
KTNV Petition for Channel Substitution - FINAL 4812- 9202-9673 v.1.pdf	Applicant	All Purpose	KTNV Petition for Channel Substitution
ktnv-tv_engineering_statement(26).pdf	Applicant	Technical Certifications	Engineering Statement