

(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **BEDSTA-20040621ADO** Submit Date: **06/21/2004** Call Sign: **KDLV-DT** Facility ID: **55375** FRN:

0018223693 State: South Dakota City: MITCHELL

Service: DTV Purpose: Engineering STA Status: Granted Status Date: 07/14/2004 Expiration Date: 01/14/2005

Filing Status: InActive

General Information

	Section	Question	Response	
•	Sestive rs,	Question		Response
	xemptions Fees	Is the applicant exempt from FCC application Indicate reason for fee exemption:	Fees?	No
	Waivers	Does this filing request a waiver of the Common Total number of rule sections involved in this	, ,	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type	
RED RIVER BROADCAST CO., LLC	P.O. BOX 9115	+1 (701) 277- 1515		Other	
Applicant	FARGO, ND 58106	3			
Doing Business As: RED RIVER BROADCAST CO., LLC United States					
A 41 1 41 11 11 B1					

Authorization Holder Name

1.

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.

Information not provided.

Contact Representatives (0)

Channel and Facility Information

Section	Question	Response
	Facility ID	55375
	State	South Dakota
Proposed Community of License	City	MITCHELL
Licelise	DTV Channel	
	Designated Market Area	Sioux Falls(Mitchell)
Facility Towns	Facility Type	
Facility Type	Station Type	Main
Zone	Zone	

Antenna Location Data

Section	Question	Response
Antenna Structure	Do you have an FCC Antenna Structure Registration (ASR) Number?	
Registration	ASR Number	
	Latitude	
	Longitude	
Coordinates (NAD92)	Structure Type	
Coordinates (NAD83)	Overall Structure Height	
	Support Structure Height	
	Ground Elevation (AMSL)	
	Height of Radiation Center Above Ground Level	
Antenna Data	Height of Radiation Center Above Average Terrain	
Antenna Data	Height of Radiation Center Above Mean Sea Level	0.0 meters
	Effective Radiated Power	

Antenna Technical Data

Section	Question	Response
	Antenna Type	
Antenna Type	Do you have an Antenna ID?	
	Antenna ID	
	Manufacturer:	
	Model	
• • • • • • •	Rotation	
Antenna Manufacturer and Model	Electrical Beam Tilt	
and woder	Mechanical Beam Tilt	
	toward azimuth	
	Polarization	
DTV and DTS: Elevation	Does the proposed antenna propose elevation radiation patterns	
Pattern	that vary with azimuth for reasons other than the use of mechanical beam tilt?	
	Uploaded file for elevation antenna (or radiation) pattern data	

Certification

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Section	Question	Response
	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.).	
General Certification Statements	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. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	

Information not provided.

Attachments