(REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

 File Number:
 BSTA-20170505ADF
 Submit Date:
 05/05/2017
 Lead Call Sign:
 KVOO-FM
 Facility ID:
 68330

 FRN:
 0015452238

 Service:
 Full Power FM
 Purpose:
 Engineering STA
 Status:
 Granted
 Status Date:
 05/08/2017
 Filing Status:

 Inactive
 Inactive
 Inactive
 Inactive
 Inactive
 Inactive

	Section	Question			Response			
General Information	Attachments	Are attachments (other t		han associated schedules) being n?				
	Section	Section Question				Response		
]	Fees, Waivers,	Is the applicant exempt from FCC application Fees?			No			
8	and Exemptions	Indicate reason for fee e	Indicate reason for fee exemption:					
Waivers		Is the applicant exempt Does this filing request (s)? Total number of rule sec request:	rule					
Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant	Address		Phone	Email Applicant Type			
	SCRIPPS BRO	SCRIPPS BROADCASTING HOLDINGS LLC Applicant		C/O SCRIPPS MEDIA, INC.				
	Applicant			312 WALNUT ST., 28TH FLOOR +1 30		ОТН		
Doing Business A HOLDINGS LLC		As: SCRIPPS BROADCASTING C	CINCIN	CINCINNATI, OH 45202				
			United States					
	Contact Name	Address	Phone	Email		Contact Type		
Contact			1 110110			contact 15pc		
Representatives		P. O. BOX 807						
(2)	ROY P. STYPE, III CONSULTING ENGINEER	^E , 2324 NORTH CLEVELAND- MASSILLON ROAD	+1 (330)			Technical		
		BATH, OH 44210-0807	659-4440			Representative		
		United States						
		2001 L STREET, NW						
	SALLY A. BUCKMAN	SUITE 400	+1 (202) 429-8970	SBUCKMAN@	LERMANSENT	ER. Legal		
	LERMAN SENTER PLLC	WASHINGTON, DC 20036		СОМ		Representative		
	SENTER FLEC	United States						

	Section	Question	Response	
STA Purpose	STA Purpose	This Special Temporary Authority is requested for use of:	Licensed Antenna System with: Reduced Power	
	Section	Question	Response	
Certification		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		

	General Certification Statements	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	RESULT IN DISM AND FORFEITUR Upon grant of this an may be subject to cer requirements. Failury coverage requirement cancellation of the A FCC regulations to d coverage requirement Authorization request WILLFUL FALSE S FORM OR ANY AT PUNISHABLE BY (U.S. Code, Title 18 OF ANY STATION Title 47, §312(a)(1)) Code, Title 47, §503 I declare, under pena authorized represent	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Jpon grant of this application, the Authorization Holder nay be subject to certain construction or coverage equirements. 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 DF ANY STATION AUTHORIZATION (U.S. Code, Fitle 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. 				MAPPLETON
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Status	
	<u>1756444 1449074.txt</u>		Applicant	All Purpose	NONIONIZ RADIATIO COMPLIAN	DIATION Scan and/or	
	<u>1756444_1449075.txt</u>		Applicant	All Purpose	NEED FOR	STA	Done with Virus Scan and/or Conversion
	D:\data\prod\cdbs\letters\\7 68330_L-74045-BSTA-201	Internal	All Purpose	imported letter Scan and/o		Done with Virus Scan and/or Conversion	