

(REFERENCE COPY - Not for submission)

Analog LPTV Engineering STA Application

 File Number:
 BSTA-20060330AMA
 Submit Date:
 03/30/2006
 Call Sign:
 K32HG
 Facility ID:
 5817
 FRN:

 0004534061
 State:
 Montana
 City:
 KALISPELL

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General Information	Section	Question	Response
Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	Yes
		Indicate reason for fee exemption:	Governmental Entity
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	
		Total number of rule sections involved in this waiver request:	

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
BLACKTAIL TV TAX DISTRICT Applicant Doing Business As: BLACKTAIL TV TAX DISTRICT	115 6TH AVE WEST POLSON, MT 59860 United States	+1 (406) 883- 2975	BLACKTAILTV@HOTMAIL. COM	Other

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
	JOHN R. BARNETT ENGINEERING CONSULTANT	4510 S. MIAMI SPOKANE, WA 99223- 7832 United States	+1 (509) 448- 5152	WA7YWL@MSN.COM	Technical Representative
	STEVEN FITE BLACKTAIL TV TAX DISTRICT	115 6TH AVE WEST POLSON, MT 59860- 2644 United States	+1 (506) 883- 2975	BLACKTAILTV@HOTMAIL. COM	Legal Representative

Channel and Facility Information	Section	Question	Response
	Facility ID	5817	
	State	Montana	
	City	KALISPELL	
	LPA Channel	32	

Antenna Location Data	Section	Question	Response
	Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	
		ASR Number	
	Coordinates (NAD83)	Latitude	
		Longitude	
		Structure Type	
		Overall Structure Height	
		Support Structure Height	
		Ground Elevation (AMSL)	
	Antenna Data	Height of Radiation Center Above Ground Level	
		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	
	Antenna Manufacturer and Model	Manufacturer:	
		Model	
		Rotation	
		Electrical Beam Tilt	
		Mechanical Beam Tilt	
		toward azimuth	
		Polarization	
	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?	
		Uploaded file for elevation antenna (or radiation) pattern data	
		Frequency Offset:	

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	 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.	STEVEN FITE

Attachments	File Name	Uploaded By	Attachment Type	Description
	<u>1123447_392853.txt</u>	Applicant	All Purpose	REASON FOR STA