

(REFERENCE COPY - Not for submission)

Analog LPTV Engineering STA Application

File Number: BS	TA-20080808AAM	Submit E	Date: 08/08/2008	Call Sign: KTAV-LP	Facility	y ID: 6791	FRN:
0011339447	State: California	City: Los	Angeles				
Service: LPA	Purpose: Engineer	ing STA	Status: Dismisse	ed Status Date: 06/11/	2009	Filing Status:	InActive

General	Section	Question	Response	
Information				
Fees, Waivers,	Section	Question	Response	
and Exemptions	Fees	Is the applicant exempt from FCC application Fees?	No	
		Indicate reason for fee exemption:		
	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
ALMA VISION HISPANIC NETWORK, INC. Applicant Doing Business As: ALMA VISION HISPANIC NETWORK, INC.	P.O. BOX 2434 LA PUENTE, CA 91746 United States	+1 (213) 627- 8711	INFO@ALMAVISION. 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	Contact Name	Address	Phone	Email	Contact Type
Representatives (2)	DARRYL K. DELAWDER ENGINEERING CONSULTANT	DELAWDER COMMUNICATIONS, INC. 2121 EISENHOWER AVENUE, #200 ALEXANDRIA, VA 22314 United States	+1 (703) 299-9222	DELAWDER@AOL.COM	Technical Representative
	SHELLEY SADOWSKY KATTEN MUCHIN ROSENMAN LLP	2900 K STREET, NW SUITE 200 WASHINGTON, DC 20007- 5118 United States	+1 (202) 625-3719	SHELLEY. SADOWSKY@KATTENLAW. COM	Legal Representative

Channel and	Section	Question	Response
Facility Information	Facility ID	6791	
	State	California	
	City	Los Angeles	
	LPA Channel	6	

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	Section	Question	Response
Technical Data	Antenna Type	Antenna Type	
		Do you have an Antenna ID?	
		Antenna ID	
	Antenna Manufacturer and Model	Manufacturer:	
	Model	Model	
		Rotation	
	DTV and DTS: Elevation Pattern	Electrical Beam Tilt	
		Mechanical Beam Tilt	
		toward azimuth	
		Polarization	
		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:	

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 binled State because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordinace with this application (See Section 304 of the Communications Act of 1934, as amended.). The Applicant cortifies that neither the Applicant nor any contents and the control of a denial of Pederal 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 corriculate dusbance. This cortification does not apply to applications filed in services exempted under \$12,002(c) of the rules, 47 CFR §1.2002(b), for the definition of "yarry to the application, students are part of this application, and are true, complete, correct, and made in good faith. Authorized Party to Sign Equipation of this application, the Authorization Holder may be subject to certain construction or coverage requirements will reserve part of this application, and are true, complete, correct, and made in good faith. Jup of this application, and are true, complete, correct, and made in good faith. FAILURE TO SIGN THIS APPLICATION MAY RESULT IN Description of the application, the Authorization encomporties by reference are material, and apply to the type of Authorization requested in this application. The Authorization Result in automatic concelstored for the application. Yes and the construction or coverage requirements will result in automatic concelstored in the application. Failure to made in good failt. Iup of this application, the Authorization requestored the construction or coverage requirements earlier to request	Certification	Section	Question	Response
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. \$682, 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 §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. Failure to meet the construction or coverage requirements. Failure to ancentucion or coverage requirements. Failure to meet the construction or coverage requirements. Failure to meet the construction or coverage requirements. Failure to meet the construction or coverage requirements. Explosed and the application. WILLFUL FAILS ESTATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE DON THIS FORM OR ANY ATTACHMENTS ARE DON THIS FORM OR ANY ATTACHMENTS ARE DON THIS FORM OR ANY ATTACHMENT SARE ON THIS ROTADI AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, \$32(2)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, \$32(2), TIA, SARE), TIA 47, \$503).			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	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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.			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	
relevant attachments.		Authorized Party to Sign	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.	
i deciare, under penaity of perjury, that i am an authorized JUAN BRUNO CAAMANO				JUAN BRUNO CAAMANO

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>1260572_4698047.pdf</u>	Applicant	All Purpose	EXHIBIT 22, WITH FIGURE 1 (SERVICE CONTOUR MAP)
<u>1260572_4698060.pdf</u>	Applicant	All Purpose	FIGURE 2 (OET-69 STUDY RESULTS)
<u>1260572_670223.txt</u>	Applicant	All Purpose	ENGINEERING AND STA JUSTIFICATION
D:\data\prod\cdbs\letters\\12\A-1260572_F-6791_L- 12627-BSTA-20080808AAM.pdf	Internal	All Purpose	imported letter