



(REFERENCE COPY - Not for submission)

# Request to Extend a LPTV Engineering STA Application

File Number: **0000036280** | Submit Date: **12/13/2017** | Call Sign: **K10QG-D** | Facility ID: **182266** | FRN: **0009452178** |  
 State: **Utah** | City: **RURAL GARFIELD CO.**  
 Service: **LPD** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **01/03/2018** | Expiration Date: **07/05/2018** |  
 Filing Status: **Active**

## General Information

Section	Question	Response
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## Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Government Entity
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

**Applicant Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>GARFIELD COUNTY Applicant</b> Doing Business As: GARFIELD COUNTY	COURTHOUSE BUILDING PANGUITCH, UT 84759 United States	+1 (435) 676-8826	mauriparsons@hotmail.com	Other

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**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
<b>Camille Moore</b> <i>Auditor/Clerk</i> Garfield county	Camille COURTHOUSE BUILDING PANGUITCH, UT 84759 United States	+1 (435) 676- 8826	camille.moore@garfield.utah. gov	Legal Representative
<b>MAURI KENT Parsons</b> <i>Technical Representative</i> Garfield County	Mauri Kent Parsons PO Box 473 MONROE, UT 84754 United States	+1 (435) 527- 3508	MAURIPARSONS@HOTMAIL. COM	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	182266	
State	Utah	
City	RURAL GARFIELD CO.	
LPD Channel	29	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
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**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	38° 32' 30.3" N+
	Longitude	112° 04' 20.2" W-
	Structure Type	UTOWER-Unguyed - Free Standing Tower
	Overall Structure Height	15 meters
	Support Structure Height	15 meters
	Ground Elevation (AMSL)	3417 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	8 meters
	Height of Radiation Center Above Mean Sea Level	3425 meters
	Effective Radiated Power	.105 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Off the Shelf
	Do you have an Antenna ID?	No
	Antenna ID	1000786
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	1X2KBBU
	Rotation	178 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>Elevation Radiation Pattern</b>	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	
	Out-of-Channel Emission Mask:	Simple

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0		90		180		270	
10		100		190		280	
20		110		200		290	
30		120		210		300	
40		130		220		310	
50		140		230		320	
60		150		240		330	
70		160		250		340	
80		170		260		350	

**Additional Azimuths**

Degree	V <sub>A</sub>
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**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Mauri Kent Parsons</b> <i>Technical Representative</i></p> <p>12/13/2017</p>

**Attachments**

<b>File Name</b>	<b>Uploaded By</b>	<b>Attachment Type</b>	<b>Description</b>
<a href="#"><u>36280.pdf</u></a>	Internal	All Purpose	
<a href="#"><u>Extraordinary_Circumstances.pdf</u></a>	Applicant	General Information	