



(REFERENCE COPY - Not for submission)

# LPTV Engineering STA Application

File Number: **0000091337** | Submit Date: **11/26/2019** | Call Sign: **K48NS-D** | Facility ID: **184162** | FRN: **0009104985**  
State: **Montana** | City: **LIVINGSTON**  
Service: **LPD** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **12/05/2019** | Expiration Date:  
Filing Status: **InActive**

## 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>Paradise Valley Tv District Applicant</b> Doing Business As: Paradise Valley Tv District	414 East Calendar LIVINGSTON, MT 59047 United States	+1 (406) 222- 3146	burcks@bresnan. net	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
<b>WILLIAM BURCKHARD BURCKHARD</b> BURCKHARD WORKS	452 HILLVIEW LANE BILLINGS, MT 59101 United States	+1 (406) 248- 9043	BURCKS@BRESNAN. NET	Technical Representative
<b>WILLIAM BURCKHARD BURCKHARD</b> Burckhard Works	PO Box 1220 Livingston, MT 59047 United States	+1 (406) 248- 9043	BURCKS@BRESNAN. NET	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	184162	
State	Montana	
City	LIVINGSTON	
LPD Channel	28	

**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	45° 35' 51.7" N+
	Longitude	110° 32' 47.7" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	16.82 meters
	Support Structure Height	15 meters
	Ground Elevation (AMSL)	2008 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	14 meters
	Height of Radiation Center Above Mean Sea Level	2022 meters
	Effective Radiated Power	.55 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	20402
<b>Antenna Manufacturer and Model</b>	Manufacturer:	PSI
	Model	PSILP16SB
	Rotation	275 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:	Full Service

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.39	90	0.69	180	0.29	270	0.69
10	0.43	100	0.51	190	0.27	280	0.85
20	0.54	110	0.34	200	0.21	290	0.96
30	0.69	120	0.23	210	0.17	300	1
40	0.84	130	0.18	220	0.16	310	0.95
50	0.95	140	0.16	230	0.18	320	0.84
60	1	150	0.17	240	0.23	330	0.69
70	0.96	160	0.21	250	0.34	340	0.54
80	0.85	170	0.27	260	0.51	350	0.43

**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>Bill Burckhard Burckhard</b> <i>Manager</i></p> <p>11/26/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">Ch 28 STA Statement Nov2019.pdf</a>	Applicant	General Information	STA Extension Request