



(REFERENCE COPY - Not for submission)

# LPTV Engineering STA Application

File Number: **0000094409** | Submit Date: **12/30/2019** | Call Sign: **KPVM-LD** | Facility ID: **168335** | FRN: **0006015465**  
 State: **Nevada** | City: **PAHRUMP**  
 Service: **LPD** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **01/13/2020** | Expiration Date: **07/15/2020**  
 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?	No
	Indicate reason for fee exemption:	
<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:	

Application Type	Fee Code	Fee Amount
Engineering STA	MGL	\$200.00
<b>Total</b>		<b>\$200.00</b>

**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>KPVM TELEVISION, INC.</b> Doing Business As: KPVM TELEVISION, INC.	890 S. HIGLEY PAHRUMP, NV 89041 United States	+1 (775) 727- 9400	videovern@kpv m.tv	Corporation

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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)**

<b>Contact Name</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Contact Type</b>
<b>Susan Hansen</b> <i>Consultant</i> B. W. St. Clair	6868 Vivian St. Arvada, CO 80004 United States	+1 (303) 465- 5742	stcl@comcast.net	Technical Representative
<b>VERNON VAN WINKLE</b> KPVM TV	PO Box 2075 Pahrump, NV 89401 United States	+1 (775) 727- 9400	VIDEOVERN@KPVM. TV	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	168335	
State	Nevada	
City	PAHRUMP	
LPD Channel	25	

**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?	Yes
	ASR Number	1020486
<b>Coordinates (NAD83)</b>	Latitude	35° 56' 46.0" N+
	Longitude	115° 02' 37.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	83.5 meters
	Support Structure Height	81.4 meters
	Ground Elevation (AMSL)	1316.7 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	43 meters
	Height of Radiation Center Above Mean Sea Level	1359.7 meters
	Effective Radiated Power	3 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	1005459
<b>Antenna Manufacturer and Model</b>	Manufacturer:	PSI
	Model	PSILP8BC-25-CP
	Rotation	330 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	0.75
	toward azimuth	50
	Polarization	Circular
<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?	Yes
	Uploaded file for elevation antenna (or radiation) pattern data	Ch25PSILP8BCVert.xml
	Out-of-Channel Emission Mask:	Full Service

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	.19	180	.29	270	.19
10	.96	100	.18	190	.28	280	.22
20	.86	110	.18	200	.27	290	.29
30	.82	120	.19	210	.26	300	.35
40	.66	130	.21	220	.23	310	.5
50	.5	140	.23	230	.21	320	.66
60	.35	150	.26	240	.19	330	.82
70	.27	160	.27	250	.18	340	.92
80	.22	170	.28	260	.18	350	.96

**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>Vernon VanWinkle</b> <i>President</i></p> <p>12/30/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KPVM STA Engineering Statement.pdf</a>	Applicant	General Information	KPVM STA Statement
<a href="#">Ch25PSILP8BCVert.xml</a>	Applicant	Elevation Pattern	