

Administrative Update for a LPTV Translator Station Application

File Number: 00	00016206	Submit Date: 10/14/2016	Call Sign: K19JV	V-D Facility ID: 18131	B FRN: 0003720687	
State: Hawaii	City: MAUNA LOA					
Service: LPT	Purpose: A	dministrative Update	Status: Received	Status Date: 10/14/2016	Filing Status: Active	

ApplicantAddressPhoneEmailType	eral s rmation	Section	Question			Response		
Applicant Address Phone Email Type	olicant	Applicant Name, Type, and Contact Information						
							Applicant	
	Δ	Applicant		Address	Phone	Email	Туре	
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FOUNDATION 29805 462-5000 ORG Profit	F	FOUNDATION		29805	462-5000	ORG	Profit	
Doing Business As: HAWAII PUBLIC HONOLULU,	Γ	Doing Business As: HAWAII	PUBLIC	HONOLULU,				
TELEVISION FOUNDATION HI 96820	7	TELEVISION FOUNDATION		HI 96820				
United States				United States				
Authorization Holder Name								

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)	MARGARET MILLER GRAY MILLER PERSH LLP	1200 New Hampshire Ave. NW Suite 410 Washington, DC 20036 United States	+1 (202) 776- 2914	MMILLER@GRAYMILLERPERSH. COM	Legal Representative
	John Nakahira <i>CHIEF ENGINEER</i> PBS Hawaii	John Nakahira 315 Sand Island Access Road Honolulu, HI 96819 United States	+1 (808) 462- 5055	jnakahira@pbshawaii.org	Technical Representative

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.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	John Nakahira Chief Engineer 10/14/2016

Information not provided.

Attachments