



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000017360 | Submit Date: 11/15/2016 | Call Sign: K17DM-D | Facility ID: 17643 | FRN: 0008736613 |

State: Utah | City: MYTON

Service: LPT | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/15/2016 |

Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
DUCHESNE COUNTY Doing Business As: DUCHESNE COUNTY	PO Box 910 DUCHESNE, UT 84021 United States	+1 (435) 738-1110	BCASPER@DUCHESNE.UTAH.GOV	Government Entity

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
DUCHESNE COUNTY DUCHESNE COUNTY	PO Box 910 DUCHESNE, UT 84021 United States	+1 (435) 738-1100	BCASPER@DUCHESNE. UTAH.GOV	Legal Representative
RON TITCOMB UNIVERSITY OF UTAH TRANSLATOR SPECIALIST UNIVERSITY OF UTAH	4570 LAKE CREEK ROAD HEBER CITY, UT 84032 United States	+1 (435) 654-2617	RTICOMB@AOL.COM	Technical Representative

**Ancillary
/Supplementary
Services**

Call Sign	City	State	Licensee
K31JB-D	HANNA, ETC.	UT	DUCHESNE COUNTY
K34FV-D	DUCHESNE	UT	DUCHESNE COUNTY
K17DM-D	MYTON	UT	DUCHESNE COUNTY
K48GZ-D	ROOSEVELT	UT	DUCHESNE COUNTY
K45MF-D	FRUITLAND	UT	DUCHESNE COUNTY
K35IJ-D	HANNA & TABIONA	UT	DUCHESNE COUNTY
K34IV-D	FRUITLAND	UT	DUCHESNE COUNTY
K47HA-D	ROOSEVELT	UT	DUCHESNE COUNTY
K46IX-D	ROOSEVELT	UT	DUCHESNE COUNTY
K33LA-D	DUCHESNE	UT	DUCHESNE COUNTY
K32HP-D	HANNA, ETC.	UT	DUCHESNE COUNTY
K36IM-D	DUCHESNE, ETC.	UT	DUCHESNE COUNTY
K19EY-D	MYTON	UT	DUCHESNE COUNTY
K42KY-D	FRUITLAND	UT	DUCHESNE COUNTY
K41DM-D	FRUITLAND	UT	DUCHESNE COUNTY
K44LH-D	FRUITLAND	UT	DUCHESNE COUNTY
K36IN-D	FRUITLAND, ETC.	UT	DUCHESNE COUNTY
K32HX-D	DUCHESNE	UT	DUCHESNE COUNTY
K26LL-D	UTAHN	UT	DUCHESNE COUNTY
K34IW-D	HANNA, ETC.	UT	DUCHESNE COUNTY
K39JL-D	DUCHESNE	UT	DUCHESNE COUNTY
K35IK-D	DUCHESNE	UT	DUCHESNE COUNTY
K40IY-D	FRUITLAND	UT	DUCHESNE COUNTY
K30LF-D	DUCHESNE	UT	DUCHESNE COUNTY
K27GN-D	MYTON	UT	DUCHESNE COUNTY
K31JC-D	DUCHESNE	UT	DUCHESNE COUNTY
K43NW-D	FRUITLAND	UT	DUCHESNE COUNTY
K18JU-D	UTAHN	UT	DUCHESNE COUNTY
K21FT-D	MYTON	UT	DUCHESNE COUNTY
K36IL-D	HANNA & TABIONA	UT	DUCHESNE COUNTY
K38MF-D	DUCHESNE	UT	DUCHESNE COUNTY
K25HH-D	MYTON	UT	DUCHESNE COUNTY

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.	Alfred Stringham COUNTY TRANSLATOR SERVICES DIRECTOR 11/15/2016

Attachments

Information not provided.