

## LPTV Translator Legal STA Application

 File Number:
 0000031402
 Submit Date:
 10/05/2017
 Call Sign:
 K43JY-D
 Facility ID:
 71616
 FRN:
 0004996781
 State:

 Oregon
 City:
 FLORENCE
 Status:
 Granted
 Status Date:
 10/13/2017
 Expiration Date:
 04/23/2018
 Filing Status:

 InActive
 InActive
 Status
 Status

General Information	Section	Question	Response
Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	Yes
		Indicate reason for fee exemption:	Government Entity, tax district
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
		Total number of rule sections involved in this waiver request:	

## Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WEST LANE TRANSLATOR, INC. Applicant Doing Business As: WEST LANE TRANSLATOR, INC.	PO BOX 91 FLORENCE, OR 97439 United States	+1 (541) 521- 9529	drlmhunt@gmail. com	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>Dennis Hunt</b> <i>Board Member</i> West Lane Translator, Inc.	PO Box 91 Florence, OR 97439 United States	+1 (541) 521- 9529	drlmhunt@gmail. com	Legal Representative
	<b>Byron W. St. Clair</b> <i>Engineering Consultant</i> B. W. St. Clair	2355 Ranch Drive Westminster, CO 80234 United States	+1 (303) 465- 5742	stcl@comcast.net	Technical Representative

Channel and Facility Information	Section	Question	Response
	Facility ID	71616	
	State	Oregon	
	City	FLORENCE	
	LPT Channel	43	

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	Dennis Hunt Board Member 10/05/2017

Attachments	
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File Name	Uploaded By	Attachment Type	Description
<u>31402.pdf</u>	Internal	All Purpose	
K43JY-D STA Statement Oct2017.pdf	Applicant	General Information	K43JY-D Ch26 STA Statement
K43JY-D T-Mobile Letter.pdf	Applicant	General Information	K43JY-D T-Mobile Letter