



(REFERENCE COPY - Not for submission)

LPTV Translator Legal STA Application

File Number: **0000035531** | Submit Date: **11/20/2017** | Call Sign: **K41LM-D** | Facility ID: **53689** | FRN: **0004531299** | State: **Colorado** | City: **LAMAR**
Service: **LPT** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **11/27/2017** | Expiration Date: **05/28/2018** | Filing Status: **InActive**

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	County Government Licensee
Waivers	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	1

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
PROWERS COUNTY Applicant Doing Business As: PROWERS COUNTY	Ron Cook COUNTY COURTHOUSE P. O. BOX 1046 LAMAR, CO 81052 United States	+1 (719) 336-8025	ctyadmin@prowerscounty.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
RON COOK <i>County Commissioner</i> PROWERS COUNTY COLORADO	Ron Cook 301 South Main Street Suite 215 Lamar, CO 81052 United States	+1 (719) 336- 8025	ctyadmin@prowerscounty. net	Legal Representative
Dennis Wallace <i>Technical Consultant</i> Meintel, Sgrignoli & Wallace, LLC	Dennis Wallace 1282 Smallwood Drive Suite 372 Waldorf, MD 20603 United States	+1 (202) 251- 7589	dennis.wallace@mswdtv. com	Technical Representative

**Channel and
Facility
Information**

Section	Question	Response
Facility ID	53689	
State	Colorado	
City	LAMAR	
LPT Channel	41	

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>Ron Cook <i>County Commissioner</i></p> <p>11/20/2017</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
35531.pdf	Internal	All Purpose	
DISPLACEMENT WINDOW FREEZE WAIVER K41LM-D.pdf	Applicant	Fees, Waivers and Exemptions	K41LM-D Displacement Freeze Waiver Request
DISPLACEMENT WINDOW FREEZE WAIVER K41LM-D.pdf	Applicant	Fees, Waivers and Exemptions	Displacement Freeze Waiver Request
K41LM-D Station 120-Day Notification 7.27.17.pdf	Applicant	Fees, Waivers and Exemptions	K41LM-D T-Mobile Commencement Of Operations Letter
PROWERS COUNTY K41LM-D DISPLACEMENT APPLICATION 112017.pdf	Applicant	General Information	K41LM-D Displacement Application for CH31 Operations.