



(REFERENCE COPY - Not for submission)

# LPTV Translator Legal STA Application

File Number: **0000053822** | Submit Date: **05/04/2018** | Call Sign: **K39LT-D** | Facility ID: **187640** | FRN: **0002404358**

State: **South Dakota** | City: **PRINGLE**

Service: **LPT** | Purpose: **Legal STA** | Status: **Granted** | Status Date: **05/09/2018** | Expiration Date: **11/28/2018** | 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?	Yes
	Indicate reason for fee exemption:	Noncommercial Educational Licensee
<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:	

**Applicant Information**

**Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
<b>SOUTH DAKOTA BOARD OF DIRECTORS FOR EDUCATIONAL TELECOMMUNIC</b> Doing Business As: SOUTH DAKOTA BOARD OF DIRECTORS FOR EDUCATIONAL TELECOMMUNIC	Don Forset h CHERRY & DAKOTA STREETS BOX 5000 VERMILLION, SD 57069 United States	+1 (605) 677- 5861	DON. FORSETH@SDPB. ORG	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
<b>DONALD E. FORSETH</b> <i>STAFF ENGINEER</i> SOUTH DAKOTA PUBLIC BROADCASTING	SD PUBLIC BROADCASTING 555 N. DAKOTA STREET, BOX 5000 VERMILLION, SD 57069 United States	+1 (605) 677-5861	DON.FORSETH@SDPB. ORG	Technical Representative
<b>RICHARD A. HELMICK , ESQ. .</b> COHN AND MARKS LLP	1101 17th STREET, N. W. SUITE 1001 WASHINGTON, DC 20036 United States	+1 (202) 452-4831	RICHARD. HELMICK@COHNMARKS. COM	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	187640	
State	South Dakota	
City	PRINGLE	
LPT Channel	39	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
61062	KZSD-TV	MARTIN	SD

**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>Julie Overgaard</b> <i>Executive Director</i></p> <p>05/04/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">53822.pdf</a>	Internal	All Purpose	
<a href="#">K36NX-D STA Extension.pdf</a>	Applicant	General Information	Basis for STA extension