Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0110

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# Renewal of License

File Number: **0000191445** | Submit Date: **05/24/2022** | Call Sign: **K34PB-D** | Facility ID: **167225** | FRN: **0006773501**
State: **Utah** | City: **EMERY**
Service: **LPT** | Purpose: **Renewal of License** | Status: **Granted** | Status Date: **09/30/2022** | Expiration Date: **10/01/2030**
Filing Status: **Active**

## General Information

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

## Fees, Waivers, and Exemptions

| Section | Question | Response |
|---|---|---|
| **Fees** | Is the applicant exempt from FCC application Fees? | Yes |
| | Indicate reason for fee exemption: | Government Entity |
| | Is the applicant exempt from FCC regulatory Fees? | Yes |
| **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 Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **EMERY COUNTY**<br>Doing Business As: EMERY COUNTY | Jeff Guymon<br>PO Box 817<br>CASTLE DALE, UT 84513<br>United States | +1 (435) 381-3590 | IT@emery.utah.gov | Government Entity |

## Contact Representatives (2)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| **Jeff Guymon**<br>*COMMUNICATIONS SPECIALIST*<br>EMERY COUNTY | PO Box 817<br>CASTLEDALE, UT 84513<br>United States | +1 (435) 381-3590 | IT@emery.utah.gov | Legal Representative |
| **RON TITCOMB**<br>UNIVERSITY OF UTAH | 4570 LAKE CREEK ROAD<br>HEBER CITY, UT 84032<br>United States | +1 (801) 560-0069 | RTICOMB@AOL.COM | Technical Representative |

## Renewal Certification

| Section | Question | Response |
|---|---|---|
| **Character Issues** | Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any broadcast application in any proceeding where character issues were left unresolved, or were resolved adversely against the applicant or any party to the application; | Yes |
| | Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any pending broadcast application in which character issues have been raised.. | Yes |
| **Adverse Findings** | Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination. | Yes |
| **FCC Violations during the Preceding License Term** | Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If "No", the licensee must submit an explanatory exhibit providing complete descriptions of all violations. | Yes |
| **Ownership** | The licensee certifies that, with respect to the station(s) for which renewal is requested, it complied with 47 CFR Section 73.3555. | Yes |
| **Alien Ownership and Control** | Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments. | Yes |
| **Non-Discriminatory Advertising Sales Agreements** | Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain non-discrimination clauses. Noncommercial licensees should select "not applicable." | N/A |

## Other BroadCast Certifications

| Section | Question | Response |
| --- | --- | --- |
| **Other BroadCast Certifications** | Does this application include one or more FM translator station(s) or TV translator station(s) or LPTV station(s), in addition to the station listed at the top of this section? | No |

## TV Translator/ LPTV Certifications (1)

**Call Sign: K34PB-D**

| Section | Question | Response |
|---|---|---|
| **Operational Status** | | |
| **Silent Stations** | Licensee certifies the station is currently on the air broadcasting programming intended to be received by the public. | Yes |
| **Rebroadcast Status** | Licensee certifies that the station is currently rebroadcasting the signal of a full power TV, Class A TV, or LPTV station.<br><br>**Rebroadcast Station(s):**<br><br>**Call Sign** / **Facility Id** / **Service code** / **city** / **State**<br>KSL-TV / 6359 | Yes |
| **Rebroadcast Consent** | Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting the primary station's programming | Yes |
| **EEO Program Report** | Licensee certifies that it has filed with the Commission the station's Broadcast EEO Program Report (Form 2100, Schedule 396), and has posted the most recent Public File Report on the station's website (if it has one), as required by 47 CFR Sections 73.2080(f)(1) and 73.2080(c)(6). | **File Number:** |
| **Environmental Effects** | Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments. | Yes |
| **Biennial Ownership Report** | Licensee certifies that the station's Biennial Ownership Report (Form 2100, Schedules 323 or 323-E) has been filed with the Commission, as required by 47 CFR Section 74.797. | |
| **Discontinued Operations** | Licensee certifies that during the preceding license term the station has not been silent for any consecutive 12-month period. | Yes |
| **Adherence to Minimum Operating Schedules** | Licensee certifies that during the preceding license term the station has not been silent (or operating for less than its prescribed minimum operating hours) for any period of more than 30 days. | Yes |
| **Adherence to Operating Parameters** | Licensee certifies that during the preceding license term the station has operated pursuant to its authorized operating parameters, either pursuant to the terms of its license, special temporary authority, or as otherwise permitted under the Commission’s rules. | Yes |

## 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**<br>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.<br>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. | **Jeff Guymon**<br>*Emery County*<br><br>05/24/2022 |

## Attachments

Information not provided.