

Amendment to Renewal of License

 File Number:
 000190959
 Submit Date:
 07/12/2023
 Call Sign:
 K25DH-D
 Facility ID:
 43374
 FRN:
 0001591460
 State:

 Arizona
 City:
 MEADVIEW
 Service:
 LPT
 Purpose:
 Renewal of License Amendment
 Status:
 Granted
 Status Date:
 07/12/2023
 Expiration Date:

 10/01/2030
 Filing Status:
 Active
 Status
 Status
 Status
 Status
 Status

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 Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MOHAVE COUNTY BOARD OF SUPERVISORS Applicant Doing Business As: MOHAVE COUNTY BOARD OF SUPERVISORS	PO BOX 7000 KINGMAN, AZ 86402 United States	+1 (928) 753- 0729	elters@mohave. gov	Other

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	Howard Liberman <i>Attorney</i> Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 373- 3373	hliberman@wbklaw. com	Legal Representative

	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."	Yes

Other BroadCast	Section	Question	Response
Certifications	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)

Section Question Response **Operational Status** Silent Stations Licensee certifies the station is currently on the air Yes broadcasting programming intended to be received by the public. **Rebroadcast Status** Licensee certifies that the station is currently rebroadcasting Yes the signal of a full power TV, Class A TV, or LPTV station. **Rebroadcast Station(s):** Call Service Sign **Facility Id** code city State KTVK 40993 **Rebroadcast Consent** Licensee certifies that it has obtained written authority from Yes the licensee of the primary station identified above for retransmitting the primary station's programming **EEO Program Report** Licensee certifies that it has filed with the Commission the File Number: 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). **Environmental Effects** Licensee certifies that the specified facility complies with the Yes maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments. **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 Yes station has not been silent for any consecutive 12-month period. Adherence to Minimum Licensee certifies that during the preceding license term the Yes **Operating Schedules** station has not been silent (or operating for less than its prescribed minimum operating hours) for any period of more than 30 days. Adherence to Operating Licensee certifies that during the preceding license term the Yes **Parameters** 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.

Call Sign: K25DH-D

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.	Sam Elters <i>County Manager</i> 06/21/2023

Attachments	File Name	Uploaded By	Attachment Type	Description
	Purpose of Amendment.docx	Applicant	Amendment	Purpose of Amendment