



(REFERENCE COPY - Not for submission)

# LPTV Translator Legal STA Application

File Number: **0000055379** | Submit Date: **06/25/2018** | Call Sign: **K39KZ-D** | Facility ID: **70729** | FRN: **0023992019** | State: **Nevada** | City: **SHURZ**  
Service: **LPT** | Purpose: **Legal STA** | Status: **Dismissed** | Status Date: **07/06/2018** | 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:	Tribal Government Entity
<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**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>WALKER RIVER PAIUTE TRIBE Applicant</b> Doing Business As: WALKER RIVER PAIUTE TRIBE	Victoria Guzman P. O. BOX 220 SCHURZ, NV 89427 United States	+1 (775) 773-2306	vguzman@wrpt.us	Other

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**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>VICTORIA GUZMAN</b> WALER RIVER PAIUTE TRIBE	1022 Hospital Road Schurz, NV 89427 United States	+1 (775) 773- 2002	VGUZMAN@WRPT.US	Legal Representative
<b>Dennis Wallace</b> <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	70729	
State	Nevada	
City	SHURZ	
LPT Channel	39	

**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>VICTORIA GUZMAN</b> <i>Translator Manager</i></p> <p>06/25/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">K39KZ_CH30_DISPLACEMENT_APP.pdf</a>	Applicant	General Information	K39KZ-D Displacement Application
<a href="#">K39KZ_CH30_SHURZ_NV.pdf</a>	Applicant	All Purpose	K39KZ-D CH30 Operation TVStudy Report
<a href="#">K39KZ_D_SHURZ_NV_LEGAL_STA_REQUEST_MSW_062418.pdf</a>	Applicant	General Information	Legal STA Request Displacement CH30 - T-Mobile Commencement of Operations Letter
<a href="#">K39KZ_D_TMO_LETTER.pdf</a>	Applicant	General Information	K39KZ-D T-Mobile Commencement of Operations Letter