



(REFERENCE COPY - Not for submission)

Request to Extend a LPTV Translator Experimental STA Application

File Number: **0000129066** | Submit Date: **12/01/2020** | Facility ID: **718888** | FRN: **0001608025** | State: **New Mexico** | City:
Crownpoint
 Service: **LPT** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **05/03/2021** | Expiration Date: **11/02/2021** |
 Filing Status: **Active**

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:	Government entity
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
Regents of the Univ. of NM and the Brd. of Edu. of Albuquerque, NM. Doing Business As: KNME-TV	Franz Joachim 1130 University Blvd. NE. Albuquerque, NM 87102 United States	+1 (505) 277-2121	fjoachim@nmpbs. 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
(3)**

Contact Name	Address	Phone	Email	Contact Type
Todd D Gray <i>Attorney at Law</i> Gray Miller Persh LLP	Todd D. Gray 1200 new Hmpshire Ave. NW. #410 Washington , DC 20036 United States	+1 (202) 776-2458	tgray@graymillerpersh. com	Legal Representative
Franz Joachim <i>General Manager and CEO</i> Regents of the Univ. of NM and the Brd. of Edu. of Albuquerque, NM.	Franz Joachim 1130 University Blvd. NE. Albuquerque, NM 87102 United States	+1 (505) 277-2121	fjoachim@nmpbs.org	General Manager & CEO
Dan Zillich <i>Director of Engineering</i> NMPBS	Dan Zillich 1130 University Blvd. NE Albuquerque, NM 87102 United States	+1 (505) 277-1251	dzillich@nmpbs.org	Technical Representative

Channel and Facility Information

Section	Question	Response
Facility ID	718888	
State	New Mexico	
City	Crownpoint	
LPT Channel	32	

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
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Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
Coordinates (NAD83)	Latitude	35° 40' 52.0" N+
	Longitude	108° 08' 55.2" W-
	Structure Type	UTOWER-Unguyed - Free Standing Tower
	Overall Structure Height	20 meters
	Support Structure Height	20 meters
	Ground Elevation (AMSL)	2246 meters
Antenna Data	Height of Radiation Center Above Ground Level	18 meters
	Height of Radiation Center Above Mean Sea Level	2264 meters
	Effective Radiated Power	.300 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	16352
Antenna Manufacturer and Model	Manufacturer:	AND
	Model	AL8
	Rotation	0 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
Elevation Radiation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	
	Out-of-Channel Emission Mask:	Simple

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.692	180	0.709	270	0.692
10	0.995	100	0.662	190	0.705	280	0.733
20	0.979	110	0.644	200	0.694	290	0.78
30	0.953	120	0.639	210	0.678	300	0.829
40	0.918	130	0.646	220	0.661	310	0.876
50	0.876	140	0.661	230	0.646	320	0.918
60	0.829	150	0.678	240	0.639	330	0.953
70	0.78	160	0.694	250	0.644	340	0.979
80	0.733	170	0.705	260	0.662	350	0.995

Additional Azimuths

Degree	V _A
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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>Teresa Costantinidis <i>Sr Vice President, Fin, Admin</i></p> <p>12/01/2020</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
Crownpoint justification.docx	Applicant	General Information	Crownpoint,NM. justification letter to extend the STA