Approved by OMB (Office of Management and Budget) 3060-0837
September 2014

Federal Communications Commission

(REFERENCE COPY - Not for submission)

License To Cover for LPTV Translator Application

File Number: **BLDTT-20130107ADM** | Submit Date: **01/07/2013** | Call Sign: **K49ML-D** | Facility ID: **188076** | FRN: **0009561028** | State: **Utah** | City: **FILLMORE, ETC.**

Service: **LPT** | Purpose: **License To Cover** | Status: **Granted** | Status Date: **01/30/2013** | Expiration Date: **10/01/2022**

Filing Status: **InActive**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Governmental Entity
	Is the applicant exempt from FCC regulatory Fees?	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	
	Total number of rule sections involved in this waiver request:	
	Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MILLARD COUNTY **Applicant** Doing Business As: MILLARD COUNTY	50 SOUTH MAIN FILLMORE, UT 84631 United States	+1 (435) 864-1405	SDEKKER@CO.MILLARD.UT.US	Other

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
MAURI KENT PARSONS *CENTRAL UTAH TV TRANSLATOR COORDINATOR*	371 SOUTH 460 EAST P.O. BOX 473 MONROE, UT 84754 United States	+1 (435) 527-3508	MAURIPARSONS@HOTMAIL.COM	Technical Representative
DEE HOLLINGSHEAD MILLARD COUNTY	United States	+1 (435) 864-2443	SDEKKER@CO.MILLARD.UT.US	Legal Representative

Alien Ownership

Question	Response
1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?	
2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1))	
3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2))	
4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3))	
5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))	
6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?	
7) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?	

Basic Qualifying Questions

Section	Question	Response
Revoked Application	Has the Applicant or any party to this application had any FCC station Authorization revoked or had any application for an initial, modification or renewal of FCC station Authorization denied by the Commission?	
State or Federal Convictions	Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	

Channel and Facility Information

Section	Question	Response
Facility ID	188076	
State	Utah	
City	FILLMORE, ETC.	
LPT Channel	49	

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
77512		OGDEN	UT

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	39° 02' 09.8" N+
	Longitude	112° 19' 33.9" W-
	Structure Type	
	Overall Structure Height	15.24 meters
	Support Structure Height	
	Ground Elevation (AMSL)	1714 meters
Antenna Data	Height of Radiation Center Above Ground Level	11 meters
	Height of Radiation Center Above Mean Sea Level	1725 meters
	Effective Radiated Power	0.15 kW

Antenna Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	107956
Antenna Manufacturer and Model	Manufacturer:	KAT
	Model	TWO K723147
	Rotation	0 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	
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**	0.055	**180**	1	**270**	0.055
10	0.964	**100**	0.082	**190**	0.964	**280**	0.082
20	0.836	**110**	0.164	**200**	0.836	**290**	0.164
30	0.655	**120**	0.291	**210**	0.655	**300**	0.291
40	0.518	**130**	0.4	**220**	0.518	**310**	0.4
50	0.4	**140**	0.518	**230**	0.4	**320**	0.518
60	0.291	**150**	0.655	**240**	0.291	**330**	0.655
70	0.164	**160**	0.836	**250**	0.164	**340**	0.836
80	0.082	**170**	0.964	**260**	0.082	**350**	0.964

Additional Azimuths

Degree	V_A

Parties to the Application (0)

Information not provided.

Attributable Interest

Section	Question	Response
Equity and Financial Interests	Applicant certifies that equity and financial interests not set forth by the applicant parties are non-attributable.	
Other Authorizations	Does the applicant or any party to the application have an attributable interest in any other broadcast station(s).	

License Certifications

Section	Question	Response
Constructed Facility	The facility constructed as authorized in the underlying construction permit.	Yes
Special Operating Conditions	The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit. **An exhibit may be required.** Review the underlying construction permit.	Yes

Legal Certifications

Section	Question	Response
Obligations	Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.	Yes
	Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect.	Yes
Character Issues	Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.	Yes
Adverse Findings	Has the Applicant or any party to this application had an adverse finding or an adverse final action taken by any court or administrative body in a civil or criminal proceeding brought under any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?	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** 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.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**DEE HOLLINGSHEAD** 01/07/2013

Attachments

Information not provided.