

Resumption of Operations of an Analog LPTV Translator Station Application

File Number:0000123493Submit Date:10/01/2020Call Sign:KQCT-LPFacility ID:68036FRN:0019813047State:IowaCity:DAVENPORTStatus:ReceivedStatus Date:10/01/2020Filing Status:Active

General	Section Question				Response	
Information						
Applicant	Applicant Name, Type, an	d Contact I	nformation			
Information	Applicant		Address	Phone	Email	Applicant Type
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	Doing Business As: Digital Ne	tworks-	PO Box 11409	5100	tv	Company
	Midwest, LLC		Chattanooga, TN			
			37401			
			United States			

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	Contact Name	Address	Phone	Email	Contact Type
Representatives (2)	Jeremy D Ruck , PE . Consulting Engineer Jeremy Ruck & Associates, Inc.	PO Box 415 Canton, IL 61520 United States	+1 (309) 647- 1200	jeremy@jeremyruck. com	Technical Representative
	Aaron P Shainis , Esq . <i>FCC Counsel</i> Shainis & Peltzman, Chartered	1850 M Street NW Suite 240 Washington, DC 20036 United States	+1 (202) 293- 0011	aaron@s-plaw.com	Legal Representative

IS	Question	Response
	Resuming Power Operations:	Full
	Date Station Resumed Full Power	10/01/2020

General Certification Statements The Applicant waives any claim to the use of any particular frequency or of the same, whether by authorization or otherwise, and requests and Authorization accordance with the application (see Section 304 of the Communications Act of 1934, as amended.). The Applicant certifies that nether the Applicant nor any other party to the application (see Section 304 of the Communications Act of 1934, 21 U.S.C. Stee Section 304 of the Communications Act of 1934, 21 U.S.C. Stee Section 304 of the Anti-Drug Abuse Act of 1938, 21 U.S.C. Stee Section 304 of the Anti-Drug Abuse Act of 1938, 21 U.S.C. Stee Section 304 of the Anti-Drug Abuse Act of 1938, 21 U.S.C. Stee Section 304 of the Anti-Drug Abuse Act of 1938, 21 U.S.C. Stee Section 304 of the admitton of application dees not apply to applications file in services assempted under \$1,2002(c) of the nules, 47 CFR. Soo §1. 2002(b) of the rules, 47 CFR \$1.2002(b). The definition of "party to the Applicant certifies that all statements must application, and are true, complete, correct, and made in application, and are true, complete, correct, and made in application, and are true, complete, correct, and made in application or a surger and the application Statements application or a surger and the application. The Authorization Holder may be subject to certain nonstruction or coverage requirements the application or quested in this certification Bioler of Authorization or quested in this application. The Authorization Consult appropriate FCC regulations to determine the comprised or and regulation to the Authorization Holder may be subject to certain construction or coverage requirements the application or quested in this application. VILLFUL FAISE STATTENENTS MADE CONTENT ADTI-DREAT of Authorization requested in this application. Yes VILLFUL FAISE STATTENENTS MADE CONTENT AUTHORSZATIO	Certification	Section	Question	Response
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. §62, because of a conviction tor possession or distribution of a controlled substance. This certification dees not advected of 1989. 21 U.S.C. §62, because of a conviction tor the deninition of "party to the application date site 2002(b) of the rules, 47 CFR \$ 5802(b); for the definition of "party to the application" as used in this certification §1:2002 Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY RESULT IN application, and are true, correct, and made in good faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION NAD FORFETURE OF ANY FEES FAID Upon grant of this application. And are true, correct, and made in good faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION NAD FORFETURE OF ANY FEES FAID Upon grant of this application. The Authorization Holder may be subject to certain construction or coverage requirements. Will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements. Will result in automatic cancellation of HIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY FATACHMENTS. I certify that this application includes all required and relevant attachments. I certify that this application includes all required and relevant attachments. I certify that this application includes all required and relevant attachments. I certify that this apoliciticatif or the Authorization (FCO PORTIFICTION CU).			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	
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).YeesI certify that this application includes all required and relevant attachments.YeesI declare, under penalty of perjury, that I am an authorized representative of the above.Joel Wertman COO			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	
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.		Authorized Party to Sign	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.	
representative of the above-named applicant for the COO Authorization(s) specified above.				Yes
10/01/2020			representative of the above-named applicant for the	СОО

File Name	Uploaded By	Attachment Type	Description
KQCT Resumption of Operations Notice 10012020.pdf	Applicant	All Purpose	KQCT Resumption of Operations Notice Exhibit (10-01-2020)