



(REFERENCE COPY - Not for submission)

## License To Cover for Analog LPTV Translator Application

File Number: **BLTT-20030428AAO** | Submit Date: **04/28/2003** | Call Sign: **K22KY-D** | Facility ID: **53010** | FRN: **0008484537** | State: **Montana** | City: **POPLAR**

Service: **LPX** | Purpose: **License To Cover** | Status: **Granted** | Status Date: **05/23/2003** | Expiration Date: **04/01/2022** | Filing Status: **InActive**

### General Information

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

### Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Governmental Entity
	Is the applicant exempt from FCC regulatory Fees?	
<b>Waivers</b>	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**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>POPLAR TV DISTRICT Applicant</b> Doing Business As: POPLAR TV DISTRICT	P O BOX 128 POPLAR, MT 59255 United States	+1 (406) 768- 3800	2DAS@NEMONTEL. NET	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
<b>KENNETH YOUNGQUIST</b> <i>CONSULTING TECHNICIAN</i>	P O BOX 153 CIRCLE, MT 59215 United States	+1 (406) 485- 2196	SKYWAYTV@MIDRIVERS. COM	Technical Representative
<b>KENNETH YOUNGQUIST</b> SKYWAY TELEVISION	United States	+1 (406) 485- 2196	SKYWAYTV@MIDRIVERS. COM	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
<b>Revoked Application</b>	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?	
<b>State or Federal Convictions</b>	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	53010	
State	Montana	
City	POPLAR	
LPX Channel	55	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
34412		GREAT FALLS	MT

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	48° 17' 28.0" N+
	Longitude	105° 15' 10.9" W-
	Structure Type	
	Overall Structure Height	36 meters
	Support Structure Height	
	Ground Elevation (AMSL)	
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	34 meters
	Height of Radiation Center Above Mean Sea Level	838 meters
	Effective Radiated Power	0.816 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Non-Directional
	Do you have an Antenna ID?	Yes
	Antenna ID	16237
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	SL-8
	Rotation	
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	
<b>DTV and DTS: Elevation Pattern</b>	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	
	Frequency Offset:	None

**Operating  
Constants**

Section	Question	Response
Transmitter and Transmission Line	Transmitter Power Output (TPO): <i>(average power at input to transmission line, after any filter attached to the transmitter, if used)</i>	
	Transmission Line Loss (LL):	
	Antenna Input Power (AIP):	
	Max. Antenna Power Gain (AG)	
	Effective Radiated Power (ERP) <i>(Average Power)</i>	-0.88 dBk 0.816 kW



**Parties to the  
Application (0)**

Information not provided.

**Attributable Interest**

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

**License  
Certifications**

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

**Legal  
Certifications**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Obligations</b>	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
<b>Character Issues</b>	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
<b>Adverse Findings</b>	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
<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>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>DALLAS O'CONNOR</b></p> <p>04/28/2003</p>

## Attachments

Information not provided.