



(REFERENCE COPY - Not for submission)

LPTV Translator Experimental STA
Application

File Number: 0000090336 | Submit Date: 11/19/2019 | Facility ID: 745673 | FRN: 0006192942 | State: Idaho | City:
Preston

Service: LPT | Purpose: Experimental STA | Status: Pending | Status Date: 11/19/2019 | 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
Franklin County TV District	PO Box 168 Preston, ID 83263 United States	+1 (208) 766-4405	wsjaussi@gmail.com	Government Entity

Contact
Representatives
(1)

Contact Name	Address	Phone	Email	Contact Type
William Jaussi Franklin County TV District	PO Box 168 Preston, ID 83263 United States	+1 (208) 766-4405	wsjaussi@gmail.com	Technical Representative

Channel and Facility Information

Section	Question	Response
Facility ID	745673	
State	Idaho	
City	Preston	
LPT Channel	10	

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	42° 12' 27.1" N+
	Longitude	112° 41' 36.9" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	6 meters
	Support Structure Height	6 meters
	Ground Elevation (AMSL)	1490 meters
Antenna Data	Height of Radiation Center Above Ground Level	5 meters
	Height of Radiation Center Above Mean Sea Level	1495 meters
	Effective Radiated Power	.08 kW

Antenna
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Off the Shelf
	Do you have an Antenna ID?	Yes
	Antenna ID	20786
Antenna Manufacturer and Model	Manufacturer:	SCA
	Model	CL-713
	Rotation	97.1 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:	Stringent

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.01	180	0.03	270	0.01
10	0.945	100	0.01	190	0.03	280	0.01
20	0.81	110	0.01	200	0.03	290	0.01
30	0.59	120	0.01	210	0.02	300	0.01
40	0.325	130	0.01	220	0.01	310	0.05
50	0.01	140	0.03	230	0.01	320	0.38
60	0.01	150	0.03	240	0.01	330	0.606
70	0.01	160	0.03	250	0.01	340	0.8
80	0.01	170	0.03	260	0.01	350	0.945

Additional Azimuths

Degree	V _A
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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.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Laine Erickson <i>Chairman</i> 11/19/2019

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>Ch 10 Experimental STA Statement.pdf</u>	Applicant	General Information	Ch 10 Experimental STA Statement