Approved by OMB (Office of Management and Budget) 3060-0386
July 2002

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Request to Extend a LPTV Engineering STA Application

File Number: **0000022127** | Submit Date: **02/27/2017** | Call Sign: **NEW** | Facility ID: **182177** | FRN: **0014962377** | State: **Utah** | City: **NEPHI**

Service: **LPD** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **02/28/2017** | Expiration Date: | Filing Status: **InActive**

General Information

Section	Question	Response

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
JUAB COUNTY **Applicant** Doing Business As: JUAB COUNTY	160 NORTH MAIN STREET NEPHI, UT 84648 United States	+1 (435) 623-3408	mauriparsons@hotmail.com	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 Kent Parsons MP Electronics	P.O. BOX 473 390 SOUTH 500 EAST MONROE, UT 84754 United States	+1 (435) 527-3508	MAURIPARSONS@HOTMAIL.COM	Technical Representative
MIKE Seely Seely JUAB COUNTY	160 NORTH MAIN STREET NEPHI, UT 84648 United States	+1 (435) 623-3408	mike@co.juab.ut.us	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	182177	
State	Utah	
City	NEPHI	
LPD Channel	43	

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	
	ASR Number	
Coordinates (NAD83)	Latitude	- -
	Longitude	- -
	Structure Type	
	Overall Structure Height	
	Support Structure Height	
	Ground Elevation (AMSL)	
Antenna Data	Height of Radiation Center Above Ground Level	
	Height of Radiation Center Above Mean Sea Level	0.0 meters
	Effective Radiated Power	

Antenna Technical Data

Section	Question	Response
Antenna Type	Antenna Type	
	Do you have an Antenna ID?	
	Antenna ID	
Antenna Manufacturer and Model	Manufacturer:	
	Model	
	Rotation	
	Electrical Beam Tilt	
	Mechanical Beam Tilt	
	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?	
	Uploaded file for elevation antenna (or radiation) pattern data	
	Out-of-Channel Emission Mask:	

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.	**Mauri Kent Parsons Kent Parsons** *Central Utah TV Translator Coordinator* 02/27/2017

Attachments

File Name	Uploaded By	Attachment Type	Description
22127.pdf	Internal	All Purpose	
Extraordinary Circumstances.pdf	Applicant	General Information	