



(REFERENCE COPY - Not for submission)

# LPTV Translator Engineering STA Application

File Number: **0000029942** | Submit Date: **09/15/2017** | Call Sign: **K46AM-D** | Facility ID: **5944** | FRN: **0001560135** | State: **Oregon** | City: **BAKER VALLEY**  
Service: **LPT** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **10/06/2017** | Expiration Date: **04/06/2018**

Filing Status: **InActive**

## General Information

Section	Question	Response
---------	----------	----------

## Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	NCE APPLICANT
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	1

**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>BLUE MOUNTAIN TRANSLATOR DISTRICT</b> Doing Business As: BLUE MOUNTAIN TRANSLATOR DISTRICT	PO BOX 901 LA GRANDE, OR 97850 United States	+1 (541) 963-0196	BMTD. ORG@GMAIL. COM	Government Entity

---

**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>A Alex McHaddad</b> <i>Secretary/Treasurer</i> Blue Mountain Translator District	PO Box 901 La Grande, OR 97850 United States	+1 (541) 963- 0196	bmttd.org@gmail.com	District Administrator
<b>ERIK C SWANSON , PE .</b> <i>CONSULTING ENGINEER</i> HATFIELD & DAWSON	9500 GREENWOOD AVE N SEATTLE, WA 98103 United States	+1 (206) 783- 9151	ESWANSON@HATDAW. COM	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Proposed Community of License	Facility ID	5944
	State	Oregon
	City	BAKER VALLEY
	LPT Channel	30

**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	44° 35' 56.5" N+
	Longitude	117° 47' 01.7" W-
	Structure Type	POLE-Pole used only to mount an antenna
	Overall Structure Height	18 meters
	Support Structure Height	18 meters
	Ground Elevation (AMSL)	1951 meters
Antenna Data	Height of Radiation Center Above Ground Level	15 meters
	Height of Radiation Center Above Mean Sea Level	1966 meters
	Effective Radiated Power	1 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	20754
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	4X1KBBU
	Rotation	350 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>Elevation Radiation 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	
	Out-of-Channel Emission Mask:	Simple

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)
0	1	90	0.03	180	0.1	270	0.03
10	0.96	100	0.04	190	0.1	280	0.05
20	0.86	110	0.05	200	0.06	290	0.13
30	0.7	120	0.05	210	0.02	300	0.27
40	0.54	130	0.04	220	0.03	310	0.4
50	0.4	140	0.03	230	0.04	320	0.54
60	0.27	150	0.02	240	0.05	330	0.7
70	0.13	160	0.06	250	0.05	340	0.86
80	0.05	170	0.1	260	0.04	350	0.96

**Additional Azimuths**

Degree	V <sub>A</sub>
--------	----------------

**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>Yes</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>Andrew Alexander McHaddad</b> <i>Secretary/Treasurer</i></p> <p>09/15/2017</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">29942.pdf</a>	Internal	All Purpose	
<a href="#">Baker Valley (K46AM-D) Ch30 Engineering Sep 2017.pdf</a>	Applicant	All Purpose	BAKER VALLEY CH30 ENGINEERING MATERIAL AND ENGINEERING STA
<a href="#">K46AM-D.pdf</a>	Applicant	Fees, Waivers and Exemptions	120-day channel displacement notice from T-Mobile.