

FCC MB - CDBS Electronic Filing
Application Reference Number: 20130726ABH
Successfully filed at Jul 26 2013 12:14PM

A Fee Payment is Required for this application. The Total Fee is \$150.

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.

Federal Communications Commission Washington, D.C. 20554 FCC 347	Approved by OMB 3060-0017 (June 2002)	FOR FCC USE ONLY
APPLICATION FOR A LOW POWER TV, TV TRANSLATOR OR TV BOOSTER STATION LICENSE		FOR COMMISSION USE ONLY FILE NO. - 20130726ABH
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information

1.	Legal Name of the Applicant FISHER BROADCASTING - WASHINGTON TV, L.L.C.		
	Mailing Address 140 FOURTH AVENUE NORTH SUITE 500		
	City SEATTLE	State or Country (if foreign address) WA	ZIP Code 98109 -
	Telephone Number (include area code) 2064046789	E-Mail Address (if available) NSTRONG@FSCI.COM	
	FCC Registration Number: 0005848890	Call Sign KLEW-TV	Facility ID Number 56032
2.	Contact Representative (if other than Applicant) STEPHEN HARTZELL		Firm or Company Name BROOKS, PIERCE ET AL.
	Telephone Number (include area code) 9198390300	E-Mail Address (if available) SHARTZELL@BROOKSPIERCE.COM	
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)		
4.	Facility Information a. <input type="radio"/> Low Power TV Station <input type="radio"/> TV Translator <input type="radio"/> TV Booster <input type="radio"/> Digital Low Power TV <input checked="" type="radio"/> Digital TV Translator b. Community of License: City: MOSCOW State: ID		
5.	Purpose of Application		
	<input checked="" type="radio"/> Cover construction permit (list original construction permit file number -- starts with the prefix BPTTL, BPTT, BPTVL, BPTTV, BMPTTL, BMPTT, BMPTVL, BMPTTV, BPVB, BPUB, BMPVB or BMPUB):		BMPCDT- 20130710AAG
	<input type="radio"/> Amend a pending application		
	If an amendment, submit as an Exhibit a listing by Section and Question Number the portions of the pending application that are being revised.		[Exhibit 1]

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

Section II - Legal

1. Certification. Licensee/Permittee certifies that it has answered each question in this application based on	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>its review of the application instructions and worksheets. Licensee/Permittee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.</p>	
<p>2. Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 2]</p>
<p>3. 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.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]</p>
<p>4. Programming. The applicant certifies that it is either the licensee of the primary station whose programming is to be retransmitted or has obtained written authority from the licensee of that station.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]</p>
<p>5. Character Issues. Licensee/Permittee certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:</p> <p>a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or</p> <p>b. any pending broadcast application in which character issues have been raised.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]</p>
<p>6. Adverse Findings. Licensee/Permittee certifies that, with respect to the licensee/permittee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]</p>
<p>7. Anti-Drug Abuse Act Certification. Licensee/Permittee certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

<p>I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)</p>	
<p>Typed or Printed Name of Person Signing ROBERT I. DUNLOP</p>	<p>Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT</p>
<p>Signature</p>	<p>Date 7/26/2013</p>

<p>SECTION III - Engineering</p>	
<p>TECHNICAL SPECIFICATIONS Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.</p>	
<p>TECH BOX</p>	
<p>1.</p>	<p>Channel: 22</p>
<p>2.</p>	<p>Frequency Offset (analog stations): <input type="radio"/> No offset <input type="radio"/> Zero offset <input type="radio"/> Plus offset <input type="radio"/> Minus offset</p>
<p>3.</p>	<p>Antenna Location Coordinates: (NAD 27)</p>

	Latitude: Degrees 46 Minutes 48 Seconds 41 <input checked="" type="radio"/> North <input type="radio"/> South Longitude: Degrees 116 Minutes 55 Seconds 3 <input checked="" type="radio"/> West <input type="radio"/> East	
4.	Maximum Effective Radiated Power (ERP) (if analog station Toward Radio Horizon):	1 kW
5.	Maximum ERP in any horizontal and vertical angle (analog stations):	kW
<p>NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.</p>		
<p>CERTIFICATION</p> <p>All applicants must complete this section.</p>		
6.	Constructed Facility. The facility was constructed as authorized in the underlying construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
7.	Special Operating Conditions. The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 8]
<p>An exhibit may be required. Review the underlying construction permit.</p>		[Exhibit 9]
<p>PREPARER'S CERTIFICATION ON PAGE 4 MUST BE COMPLETED AND SIGNED.</p>		

SECTION III - PREPARER'S CERTIFICATION

I certify that I have prepared Section III (Engineering Data) on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name W. JEFFREY REYNOLDS	Relationship to Applicant (e.g., Consulting Engineer) TECHNICAL CONSULTANT	
Signature	Date 7/25/2013	
Mailing Address DU TREIL, LUNDIN & RACKLEY, INC. 201 FLETCHER AVENUE		
City SARASOTA	State or Country (if foreign address) FL	Zip Code 34237 - 6019
Telephone Number (include area code) 9413296000	E-Mail Address (if available) JEFF@DLR.COM	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits



Electronic Form 159

Select a Payment Method

Choose an online payment method for your \$150.00 fee. Your Remittance ID is 2360945.

Pay from Bank Account

via US Treasury's Pay.Gov System

To pay via electronic debit from a checking or savings account, you must provide the Routing Number and Account Number.



[Continue](#)



Pay by Credit or Debit Card

via US Treasury's Pay.Gov System

Pay.gov accepts both credit and debit cards.* We accept Visa, MasterCard, American Express, and Discover credit cards. Debit cards processed through Visa or MasterCard are also accepted; these have the Visa or MasterCard logo on the card. ATM-only cards and debit cards from other processors are not accepted.



[Continue](#)



OR

Can't Pay Online? Print Form 159



- To pay by Wire, [view complete instructions here.](#)
- To pay by check / money order, mail to:

Federal Communications Commission
P.O. Box 979089
St. Louis, MO 63197-9000

[Continue](#)

- More information about payment methods can be found at <http://www.fcc.gov/fees>



Payment Summary

Bill Number	Applicant FRN	Applicant Name	Call Sign	PTC	Amount	FCC Code 1	FCC Code 2
N/A	0005848890	FISHER BROADCASTING - WASHINGTON TV, L.L.C.	KLEW-TV	MEL	\$150.00	56032	CDBS20130726ABH
Total Amount Due :					\$150.00		

* The U.S. Treasury may reject Credit Card transactions greater than \$49,999.99. This limit includes multiple transactions on the same Credit Card totaling more than this limit in a single day. Reference: Treasury Announcement No. A-2012-02 (<http://fms.treas.gov/tfm/vol1/a-12-02.html>)

Customer Service

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[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.



Electronic Form 159

Payment Confirmation

Your transaction has been approved. For your records, please note the following:

AGENCY TRACKING ID:	PGC2360945
AUTHORIZATION NUMBER :	073662
AMOUNT PAID :	\$150.00

[PRINT FORM 159](#)

[CLOSE](#)

Customer Service

[FCC Fees](#)

[Web Policies / Privacy Policy](#)

[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

**Agency Tracking ID:PGC2360945 Authorization
Number:073662
Successful Authorization -- Date Paid: 7/26/13
FILE COPY ONLY!!**

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Fisher Communications, Inc.		(3) TOTAL AMOUNT PAID (dollars and cents) \$150.00
(4) STREET ADDRESS LINE NO. 1 140 Fourth Avenue North		
(5) STREET ADDRESS LINE NO. 2 Suite 500		
(6) CITY Seattle		(7) STATE WA
		(8) ZIP CODE 98109
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 206-4046789		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0008701088		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME FISHER BROADCASTING - WASHINGTON TV, L.L.C.		
(14) STREET ADDRESS LINE NO. 1 140 FOURTH AVENUE NORTH		
(15) STREET ADDRESS LINE NO. 2 SUITE 500		
(16) CITY SEATTLE		(17) STATE WA
		(18) ZIP CODE 98109-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 2064046789		(20) COUNTRY CODE (IF NOT IN U.S.A.) USA
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0005848890		(22) FCC USE ONLY
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID KLEW-TV		(24A) Payment Type Code(PTC) MEL
		(25A) Quantity 1
(26A) Fee Due for (PTC) \$150.00		(27A) Total Fee \$150.00
		FCC Use Only
(28A) FCC CODE 1 56032		(29A) FCC CODE 2 CDBS20130726ABH
(23B) FCC Call Sign/Other ID		(24B) Payment Type Code(PTC)
		(25B) Quantity
(26B) Fee Due for (PTC)		(27B) Total Fee
		FCC Use Only
(28B) FCC CODE 1		(29B) FCC CODE 2

Jill Harvey

From: paygovadmin@mail.doc.twai.gov
Sent: Friday, July 26, 2013 12:19 PM
To: Jill Harvey
Subject: Pay.gov Payment Confirmation: Remittance Advice

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact FCC Financial Operations Group Help Desk at ARINQUIRIES@fcc.gov at 877-480-3201 option 4.

Application Name: Remittance Advice
Pay.gov Tracking ID: 25BNDM76
Agency Tracking ID: PGC2360945
Transaction Type: Sale
Transaction Date: Jul 26, 2013 12:19:11 PM

Account Holder Name: Fisher Communications, Inc.
Transaction Amount: \$150.00
Billing Address: 140 Fourth Avenue North
City: Seattle
State/Province: WA
Zip/Postal Code: 98109
Country: USA
Card Type: Visa
Card Number: *****8190

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.