

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (February 2009)		FOR FCC USE ONLY	
FCC 388				FOR COMMISSION USE ONLY	
DTV Quarterly Activity Station Report				FILE NO. BDERCT-20090410AUW	
Licensee KTVU PARTNERSHIP					
Call Sign KICU-TV		Facility Id 34564		Previous Call Sign (if applicable)	
Community of License					
City SAN JOSE		State CA	County SANTA CLARA		Zip Code 95131 -
Nielsen DMA SAN FRANCISCO-OAK-SAN JOSE		World Wide Web Home Page Address WWW.KICU.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 12/01/2014	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	36				
<input checked="" type="checkbox"/> Digital	52				
Report reflects information for quarter ending: 03/31/2009					
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)					
Over the past quarter, have you fully complied with the requirements of this option?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Simulcasting:					
Are you simulcasting on your Analog channel and your primary Digital stream?				<input type="radio"/> Yes <input checked="" type="radio"/> No	
Application Purpose:					
<input checked="" type="radio"/> DTV Education Report					
<input type="radio"/> Amendment	File Number -				
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.					

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	399
Total 5:00 a.m. to 1:00 a.m. CSTs	415
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m. PSAs	82
Total 6:00 a.m. to 9:00 a.m. CSTs	0
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m. PSAs	84
Total 6:00 p.m. to 11:35 p.m. CSTs	49
For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00	

p.m. to 10:35 p.m.(must average at least 4 per week)?

Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	

Comments:
FROM 6PM - 11:35PM - 49 CST'S WERE AIRED FROM 1/1/09 TO 2/17/09.

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to June 12, 2009.	
Total number of 30 Minute Informational Programs	2
Comments: 1/10/09 6:30AM "SOMETHING IN THE AIR," A LOCALLY-PRODUCED DTV TRANSITION SPECIAL. 1/31/09 4:30PM "SOMETHING IN THE AIR," A LOCALLY-PRODUCED DTV TRANSITION SPECIAL.	

100-Day Countdown - Last Quarter

All stations participating in Option Two must air a minimum of one "Countdown To DTV" per day during certain periods. Due to the delay in the DTV deadline, the revision of the countdown rules, and differing analog termination dates, not every station was required to air the "Countdown To DTV" the same number of times during the first quarter of 2009. Below, list the actual number of days on which your station aired any eligible "Countdown to DTV," and, in the Comments field, briefly explain how this number of days was calculated.	
14	Graphic Displays
0	Animated Graphics
34	Graphic and Audio Displays
0	Longer Form Reminders
Comments: RAN COUNTDOWN FROM 1/1/09-2/17/09.	

Section D (For all broadcasters)

Additional DTV On-air Initiatives - Last Quarter	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: 2/16/09 NEWS STORY ABOUT THE WAITING LIST FOR DTV COUPONS.	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: THE WEBSITE CONTAINS THE FOLLOWING INFORMATION: 1. THE FCC DTV 388 REPORT 2. DTV COVERAGE BY ZIP CODE 4. CONVERTER BOX COUPONS AVAILABLE AGAIN 5. KICU TURNS OFF ANALOG SIGNAL 6. DTV ASSISTANCE CENTERS 7. WHAT KIND OF ANTENNA WILL I NEED? 8. FCC DTV CONVERSION SPECIAL SECTION	
Additional DTV Outreach Efforts -- Last Quarter	
Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.	
<input type="checkbox"/> Speaking Engagements	

Comments:

 Community Events

Comments:

 Other (describe)

Comments:

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments:

AS OF FEB. 17TH, KICU STOPPED BROADCASTING THEIR ANALOG SIGNAL, PER THE DTV TRANSITION.

Station Certification

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing

Typed or Printed Title of Person Signing

ROSY CHU

Signature

ROSY CHU

Date (mm/dd/yyyy)

04/10/2009

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).

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