Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 335185

Description: KPBS DTV QUARTERLY ACTIVITY STATION REPORT - DIGITAL
Application Reference Number: 20081008AJL
Successfully filed at Oct 8 2008 4:54PM

Based on the information supplied, no fee is required.
**FCC 388**
**DTV Quarterly Activity Station Report**

**Licensee**
BD. OF TRUSTEES, CAL. STATE UNIV. FOR SAN DIEGO STATE UNIV.

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>Facility Id</th>
<th>Previous Call Sign (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPBS</td>
<td>6124</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community of License</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: SAN DIEGO</td>
</tr>
<tr>
<td>State: CA</td>
</tr>
<tr>
<td>County: SAN DIEGO</td>
</tr>
<tr>
<td>Zip Code: 92182 - 5400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nielsen DMA</th>
<th>World Wide Web Home Page Address</th>
<th>Licensee Renewal Expiration Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN DIEGO</td>
<td><a href="http://WWW.KPBS.ORG">WWW.KPBS.ORG</a></td>
<td>12/01/2014</td>
</tr>
</tbody>
</table>

**Channel Numbers:**
(Check the Channel Number(s) to which this form applies.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Analog</td>
<td></td>
</tr>
<tr>
<td>Digital</td>
<td>30</td>
</tr>
</tbody>
</table>

Report reflects information for quarter ending: 09/30/2008

Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?
- ☑ Option One (A and D)
- ☑ Option Two (B and D)
- ☑ Option Three (C and D)

Over the past quarter, have you fully complied with the requirements of this option? ☑ Yes ☑ No

**Simulcasting:**
Are you simulcasting on your Analog channel and your primary Digital stream? ☑ Yes ☑ No

**Application Purpose:**
- ☑ DTV Education Report
- ☑ Amendment

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

**Section C (For Noncommercial broadcasters only)**
On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once. (See rules for additional details).

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter? ☑ Yes ☑ No

**30 Minute Educational Programs - Last Quarter**
How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.

Total number of 30 Minute Informational Programs: 0
Comments:

**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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Comments:

### Station Website Additional Activity Related to the DTV Transition - Last Quarter

Does your station have a Website?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Comments:

STATION WEBSITE HAS MADE DTV TRANSITION INFORMATION AVAILABLE TO THE PUBLIC SINCE APRIL 2007

### 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.

- **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:

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### 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: DOUGLAS L MYRLAND

Typed or Printed Title of Person Signing

Signature: 

Date (mm/dd/yyyy): 10/08/2008

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).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our

estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.