

FCC MB - CDBS Electronic Filing
Application Reference Number: 20130503ABM
Successfully filed at May 3 2013 2:29PM

A Fee Payment is Required for this application. The Total Fee is \$175.

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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	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Engineering STA		FOR COMMISSION USE ONLY
Read Instructions/FAQ before filling out form		FILE NO. - 20130503ABM

Section I - General Information

1.	Legal Name of the Applicant UNA VEZ MAS LAKE SHORE LICENSE, LLC	
	Mailing Address 703 MCKINNEY AVENUE SUITE 240	
	City DALLAS	State or Country (if foreign address) TX
	Zip Code 75202 -	
	Telephone Number (include area code) 2147547008	E-Mail Address (if available)
	FCC Registration No 0016483117	Call Sign WQAW-LP
	Facility ID Number 131071	
2.	Contact Representative (if other than licensee/permittee) MARNIE K. SARVER	Firm or Company Name WILEY REIN LLP
	Mailing Address 1776 K STREET, NW	
	City WASHINGTON	State or Country (if foreign address) DC
	ZIP Code 20006 -	
	Telephone Number (include area code) 2027194289	E-Mail Address (if available) MSARVER@WILEYREIN.COM
3.	Purpose:	
	<input checked="" type="radio"/> Engineering STA	
	<input type="radio"/> Extension of Existing Engineering STA	
	<input type="radio"/> Legal STA	
	<input type="radio"/> Extension of Existing Legal STA	
4.	Service: LD	
5.	Community of License: City: LAKE SHORE State: MD	
6.	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)	

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.

TECH BOX

7.1. Channel:

	20										
7.2	Translator Input Channel No. :										
7.3	Primary station proposed to be rebroadcast:										
	Facility Identifier	Call Sign	City	State	Channel						
7.4	Antenna Location Coordinates: (NAD 27) Latitude: Degrees 39 Minutes 0 Seconds 36.3 <input checked="" type="radio"/> North <input type="radio"/> South Longitude: Degrees 76 Minutes 36 Seconds 32.9 <input checked="" type="radio"/> West <input type="radio"/> East										
7.5	Antenna Structure Registration Number: 1225569 <input type="checkbox"/> Not Applicable [Exhibit 41] <input type="checkbox"/> Notification filed with FAA										
7.6	Antenna Location Site Elevation Above Mean Sea Level: 44.5 meters										
7.7	Overall Tower Height Above Ground Level: 275.2 meters										
7.8	Height of Radiation Center Above Ground Level: 45.7 meters										
7.9	Maximum Effective Radiated Power: 6.86 kW										
7.10	Transmitter Output Power: 1.201 kW										
7.11	<p>a. Transmitting Antenna: Before selecting Directional "Off-the-Shelf", refer to "Search for Antenna Information" under CDBS Public Access (http://licensing.fcc.gov/prod/cdbs/pubacc/prod/cdbs_pa.htm). Make sure that the Standard Pattern is marked Yes and that the relative field values shown match your values. Enter the Manufacturer (Make) and Model exactly as displayed in the Antenna Search. <input type="radio"/> Nondirectional <input type="radio"/> Directional "Off-the-shelf" <input checked="" type="radio"/> Directional composite Manufacturer KAT Model K723147</p> <p>b. Electrical Beam Tilt: degrees <input checked="" type="checkbox"/> Not Applicable</p> <p>Directional Antenna Relative Field Values: <input type="checkbox"/> N/A (Nondirectional or Directional "Off-the-shelf") Rotation (Degrees): <input checked="" type="checkbox"/> No Rotation</p>										
Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value
0	1	10	0.96	20	0.87	30	0.73	40	0.56	50	0.42
60	0.27	70	0.15	80	0.07	90	0.05	100	0.06	110	0.07
120	0.07	130	0.06	140	0.04	150	0.02	160	0.05	170	0.1
180	0.12	190	0.1	200	0.05	210	0.02	220	0.04	230	0.06
240	0.07	250	0.07	260	0.06	270	0.05	280	0.07	290	0.15
300	0.27	310	0.42	320	0.56	330	0.73	340	0.87	350	0.96
Additional Azimuths											

[Relative Field Polar Plot](#)

	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.										
12.	Out-of-channel Emission Mask: <input type="radio"/> Simple <input checked="" type="radio"/> Stringent										

CERTIFICATION

13.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 42]
14.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant 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.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I certify that I have prepared 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 FRANK ERNANDES		Relationship to Applicant (e.g., Consulting Engineer) VP ENGINEERING	
Signature		Date (mm/dd/yyyy)	
Mailing Address UNA VEZ MAS LAKE SHORE LICENSE, LLC 703 MCKINNEY AVENUE, SUITE 240			
City DALLA	State or Country (if foreign address) TX	Zip Code 75202 -	
Telephone Number (include area code) 2147547008		E-Mail Address (if available) FRANKERNANDES@UVM.TV.COM	

I hereby 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.

Typed or Printed Name of Person Signing RANDY NONBERG	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 5/3/2013

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**Exhibit 42**

Description: STA CIRCUMSTANCES

THIS STATION OPERATES DTV CHANNEL 20 UNDER BSTA-20100419ABQ, GRANTED MAY 5, 2010, LAST EXTENDED ON NOVEMBER 6, 2012 (BESTA-20121025ACN). THE CURRENT EXTENSION PERIOD EXPIRES ON SUNDAY, MAY 5, 2013. EFFORTS TO LAUNCH A FURTHER EXTENSION, BOTH BY COPYING THE MOST RECENT FILING AND BY LAUNCHING A NEW EXTENSION REQUEST, HAVE FAILED. BOTH APPROACHES RESULT IN AN ERROR NOTICE THAT THE CALL SIGN AND SERVICE OF THE REFERENCED STATION DO NO MATCH. THE SYSTEM WOULD ACCEPT STATION INFORMATION (CALL SIGN, FACILITY ID NUMBER AND SERVICE) SOLELY FOR THE PURPOSE OF CREATING A NEW STA REQUEST. EFFORTS TO REACH STAFF WERE ALSO UNSUCCESSFUL. APPLICANT WISHES TO FILE BEFORE THE CURRENT EXTENSION PERIOD EXPIRES. THEREFORE, THIS REQUEST IS FILED IN LIEU OF AN EXTENSION. THE MOST RECENTLY GRANTED EXTENSION REQUEST IS ATTACHED FOR REFERENCE.

Attachment 42

Description
<u>WQAW-LP - STA extension - Oct 2012</u>

FCC MB - CDBS Electronic Filing
Application Reference Number: 20121025ACN
Successfully filed at Oct 25 2012 5:37PM

A Fee Payment is Required for this application. The Total Fee is \$175.

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Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Extension of Existing Engineering STA		FOR COMMISSION USE ONLY
Read Instructions/FAQ before filling out form		FILE NO. - 20121025ACN

Section I - General Information

1.	Legal Name of the Applicant UNA VEZ MAS LAKE SHORE LICENSE, LLC	
	Mailing Address 703 MCKINNEY AVENUE SUITE 240	
	City DALLAS	State or Country (if foreign address) TX
	Zip Code 75202 -	
	Telephone Number (include area code) 2147547008	E-Mail Address (if available)
	FCC Registration No 0016483117	Call Sign WQAW-LP
		Facility ID Number 131071
2.	Contact Representative (if other than licensee/permittee) MARNIE K. SARVER	
	Firm or Company Name WILEY REIN LLP	
	Mailing Address 1776 K STREET, NW	
	City WASHINGTON	State or Country (if foreign address) DC
	ZIP Code 20006 -	
	Telephone Number (include area code) 2027194289	E-Mail Address (if available) MSARVER@WILEYREIN.COM
3.	Purpose:	
	<input type="radio"/> Engineering STA	
	<input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BSTA - 20100429ABQ	
	<input type="radio"/> Legal STA	
	<input type="radio"/> Extension of Existing Legal STA	
4.	Service: TX	
5.	Community of License: City: LAKE SHORE State: MD	
6.	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)	

7. Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1)the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 37]
8. Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant 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.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I hereby 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.

Typed or Printed Name of Person Signing RANDY NONBERG	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 10/25/2012

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

Exhibit 37

Description: STA JUSTIFICATION

APPLICANT IS OPERATING WQAW-LP UNDER STA PENDING CONSTRUCTION OF DISPLACEMENT FACILITIES ON DIGITAL CHANNEL 20, PURSUANT TO CONSTRUCTION PERMIT BDISDTL-20090629AAY. THE STA IS DUE TO EXPIRE ON NOVEMBER 5, 2012 AND AN EXTENSION FOR AN ADDITIONAL SIX MONTHS IS RESPECTFULLY REQUESTED. OPERATIONS WILL CONTINUE WITH THE FACILITIES DESCRIBED IN THE INITIAL STA REQUEST. NO CHANGES ARE PROPOSED.

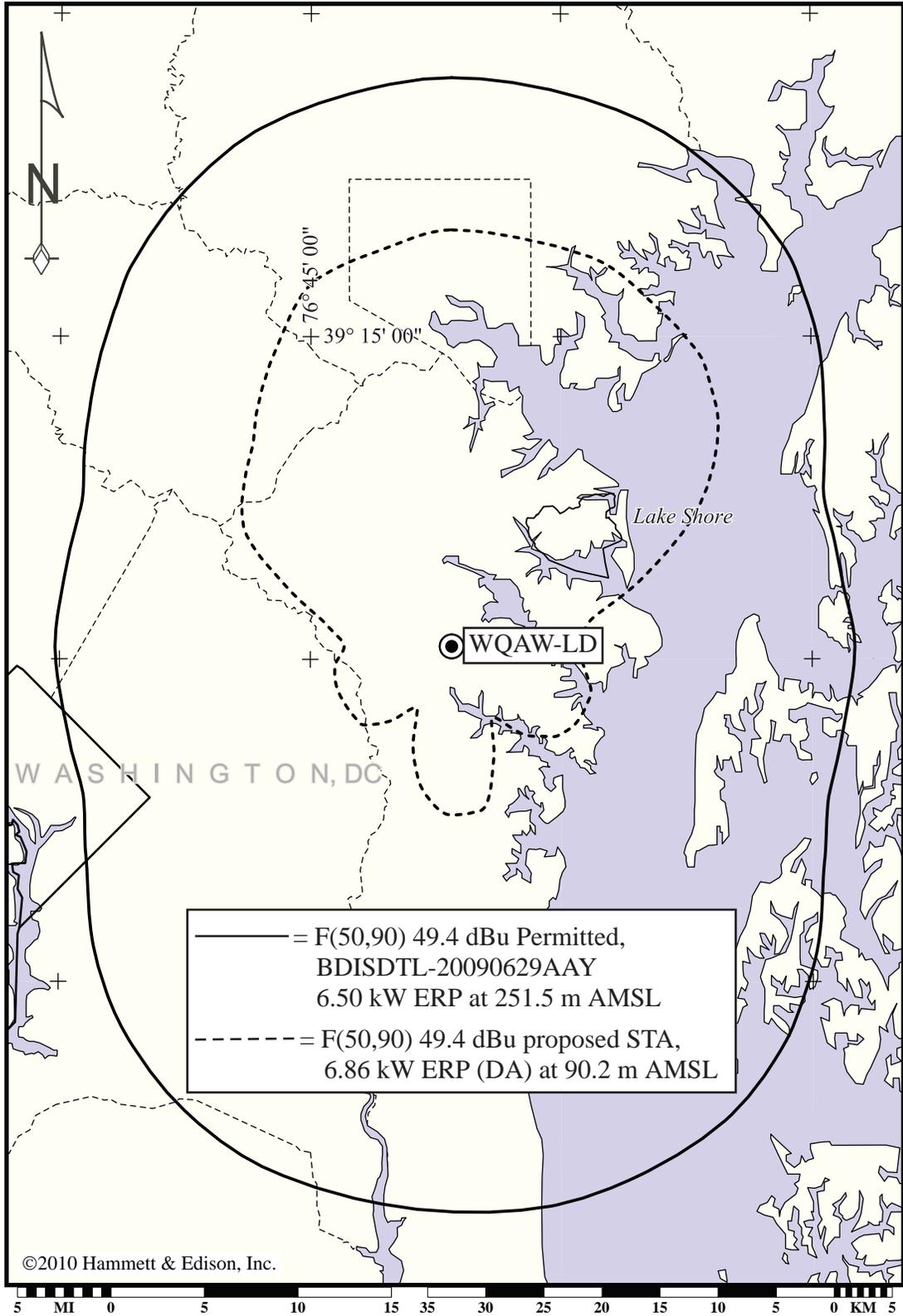
SEE ATTACHED COVERAGE MAP.

Attachment 37

Description
Coverage map

Station WQAW-LD • DTV Channel 20 • Lake Shore, Maryland

Proposed STA Operation vs Permitted



Lambert conformal conic map projection. Map data taken from Sectional Aeronautical Charts, published by the National Ocean Survey. Geographic coordinate marks shown at 15-minute increments. City limits shown taken from U.S. Census Bureau TIGER/Line 2000 data.

Agency Tracking ID:PGC2222455
Authorization Number:03772B
Successful Authorization -- Date Paid:
10/25/12
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) Una Vez Mas Lake Shore License, LLC		(3) TOTAL AMOUNT PAID (dollars and cents) \$175.00
(4) STREET ADDRESS LINE NO. 1 703 McKinney Avenue		
(5) STREET ADDRESS LINE NO. 2 Suite 240		
(6) CITY Dallas		(7) STATE TX
		(8) ZIP CODE 75202
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 214-7547008		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0016483117		(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 UNA VEZ MAS LAKE SHORE LICENSE, LLC		
(14) STREET ADDRESS LINE NO. 1 703 MCKINNEY AVENUE		
(15) STREET ADDRESS LINE NO. 2 SUITE 240		
(16) CITY DALLAS		(17) STATE TX
		(18) ZIP CODE 75202-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA		(20) COUNTRY CODE (IF NOT IN U.S.A.)

CODE) 2147547008	USA
----------------------------	------------

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED	
---	--

(21) APPLICANT (FRN) 0016483117	(22) FCC USE ONLY
---	-------------------

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET	
--	--

(23A) FCC Call Sign/Other ID WQAW-LP	(24A) Payment Type Code(PTC) MGL	(25A) Quantity 1
--	--	----------------------------

(26A) Fee Due for (PTC) \$175.00	(27A) Total Fee \$175.00	FCC Use Only
--	------------------------------------	--------------

(28A) FCC CODE 1 131071	(29A) FCC CODE 2 CDBS20121025ACN
-----------------------------------	--

(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
------------------	------------------

Agency Tracking ID:PGC2319293
Authorization Number:05017P
Successful Authorization -- Date Paid:
5/3/13
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) Una Vez Mas Lake Shore License, LLC		(3) TOTAL AMOUNT PAID (dollars and cents) \$175.00
(4) STREET ADDRESS LINE NO. 1 703 McKinney Avenue		
(5) STREET ADDRESS LINE NO. 2 Suite 240		
(6) CITY Dallas		(7) STATE TX
		(8) ZIP CODE 75202
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 214-7547008		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0016483117		(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 UNA VEZ MAS LAKE SHORE LICENSE, LLC		
(14) STREET ADDRESS LINE NO. 1 703 MCKINNEY AVENUE		
(15) STREET ADDRESS LINE NO. 2 SUITE 240		
(16) CITY DALLAS		(17) STATE TX
		(18) ZIP CODE 75202-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA		(20) COUNTRY CODE (IF NOT IN U.S.A.)

CODE) 2147547008	USA
----------------------------	------------

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
---	--	--

(21) APPLICANT (FRN) 0016483117	(22) FCC USE ONLY
---	-------------------

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
--	--	--

(23A) FCC Call Sign/Other ID WQAW-LP	(24A) Payment Type Code(PTC) MGL	(25A) Quantity 1
--	--	----------------------------

(26A) Fee Due for (PTC) \$175.00	(27A) Total Fee \$175.00	FCC Use Only
--	------------------------------------	--------------

(28A) FCC CODE 1 131071	(29A) FCC CODE 2 CDBS20130503ABM
-----------------------------------	--

(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
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