

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Engineering STA</b>		FOR COMMISSION USE ONLY FILE NO. BSTA - 20120904AAN
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant ION MEDIA LICENSE COMPANY, LLC		
	Mailing Address 601 CLEARWATER PARK ROAD		
	City WEST PALM BEACH	State or Country (if foreign address) FL	Zip Code 33401 - 6233
	Telephone Number (include area code) 5616824206		E-Mail Address (if available) BILLWATSON@IONMEDIA.COM
	FCC Registration No 0003720042	Call Sign WPXJ-LP	Facility ID Number 29716
2.	Contact Representative (if other than licensee/permittee) JOHN R. FEORE, ESQ.		Firm or Company Name DOW LOHNES PLLC
	Mailing Address 1200 NEW HAMPSHIRE AVENUE, NW SUITE 800		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
	Telephone Number (include area code) 2027762000		E-Mail Address (if available) JFEORE@DOWLOHNES.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: TX		
5.	Community of License: City: JACKSONVILLE State: FL		
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: 41
7.2.	Frequency Offset: <input checked="" type="radio"/> No offset <input type="radio"/> Zero offset <input type="radio"/> Plus offset <input type="radio"/> Minus offset
7.3.	Translator Input Channel No. :
7.4.	Antenna Location Coordinates: (NAD 27)

Latitude: Degrees 30 Minutes 19 Seconds 33 <input checked="" type="radio"/> North <input type="radio"/> South  Longitude: Degrees 81 Minutes 39 Seconds 32 <input checked="" type="radio"/> West <input type="radio"/> East											
7.5.	Antenna Structure Registration Number: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Notification filed with FAA										
7.6.	Antenna Location Site Elevation Above Mean Sea Level: 1.9 meters										
7.7.	Overall Tower Height Above Ground Level: 192 meters										
7.8.	Height of Radiation Center Above Ground Level: 169 meters										
7.9.	Maximum Effective Radiated Power (ERP) Towards Radio Horizon: 5.85 kW										
7.10.	Maximum ERP in any Horizontal and Vertical Angle: 5.85 kW										
7.11	Transmitting Antenna: Before selecting Directional "Off-the-Shelf", refer to "Search for Antenna Information" under CDBS Public Access ( <a href="http://licensing.fcc.gov/prod/cdb/publicacc/prod/cdb_pa.htm">http://licensing.fcc.gov/prod/cdb/publicacc/prod/cdb_pa.htm</a> ). 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 checked="" type="radio"/> Nondirectional <input type="radio"/> Directional "Off-the-shelf" <input type="radio"/> Directional composite  Manufacturer SCA Model SL-8										
Directional Antenna Relative Field Values: <input checked="" type="checkbox"/> N/A (Nondirectional or Directional "Off-the-shelf")  Rotation (Degrees): <input type="checkbox"/> No Rotation											
Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value	Degrees	Value
0		10		20		30		40		50	
60		70		80		90		100		110	
120		130		140		150		160		170	
180		190		200		210		220		230	
240		250		260		270		280		290	
300		310		320		330		340		350	
Additional Azimuths											
8.	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 22]	
9.	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 HOWARD FORD		Relationship to Applicant (e.g., Consulting Engineer) REGIONAL DIRECTOR OF ENGINEERING	
Signature		Date (mm/dd/yyyy) 08/30/2012	
Mailing Address 7434 BLYTHE ISLAND HWY			
City		State or Country (if foreign address)	
		Zip Code	

BRUNSWICK	GA	31523 -
Telephone Number (No dashes or parentheses, include area code) 9122670021	E-Mail Address (if available)	

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 WILLIAM L. WATSON	Typed or Printed Title of Person Signing SECRETARY
Signature	Date (mm/dd/yyyy) 09/03/2012

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).

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## Exhibits

### Exhibit 22

Description: EXHIBIT 22

LICENSEE EXPERIENCED AMPLIFIER FAILURE; REPLACEMENT PARTS HAVE BEEN ORDERED. REDUCED POWER OPERATIONS ARE EXPECTED THROUGH SEPTEMBER 2012.

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### Attachment 22

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