



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000054173** | Submit Date: **05/16/2018** | Call Sign: **WHLA-TV** | Facility ID: **18780** | FRN: **0002711455**  
State: **Wisconsin** | City: **LA CROSSE**  
Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **05/31/2018** | Expiration Date: **11/30/2018**  
Filing Status: **InActive**

## General Information

Section	Question	Response
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## Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD</b> Doing Business As: STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD	Jeffrey D. Ohnstad 3319 W. BELTLINE HWY. MADISON, WI 53713 United States	+1 (608) 215-0088	jeffreyd. ohnstad@wi. gov	Government Entity

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**Authorization Holder Name**

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Contact  
Representatives  
(2)**

Contact Name	Address	Phone	Email	Contact Type
<b>Jeffrey D Ohnstad</b> <i>Staff Engineer</i> State of Wisconsin - Educational Communications Board	3319 W. BELTLINE HWY. MADISON, WI 53713 United States	+1 (608) 215-0088	jeffreyd.ohnstad@wi. gov	Technical Representative
<b>Barry S Persh</b> Gray Miller Persh LLP	1200 NEW HAMPSHIRE AVENUE NW STE 410 WASHINGTON, DC 20036 United States	+1 (202) 776-2458	bpersh@graymillerpersh. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	18780	
State	Wisconsin	
City	LA CROSSE	
DTV Channel	30	
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	2

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1024862
<b>Coordinates (NAD83)</b>	Latitude	43° 48' 18.3" N+
	Longitude	091° 22' 05.1" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	251.2 meters
	Support Structure Height	235.5 meters
	Ground Elevation (AMSL)	370.6 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	183 meters
	Height of Radiation Center Above Average Terrain	286 meters
	Height of Radiation Center Above Mean Sea Level	553.6 meters
	Effective Radiated Power	100 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Non-Directional
	Do you have an Antenna ID?	
	Antenna ID	1003631
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TFU-WB-8
	Rotation	
	Electrical Beam Tilt	1.0
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>DTV and DTS: Elevation Pattern</b>	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).</p>	
	<p>The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Gene Purcell</b> <i>Executive Director</i></p> <p>05/16/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">0000054173_WHLA_Reduce_Power.doc</a>	Internal	All Purpose	Processed STA Letter
<a href="#">WHLA-TV Reduced Power STA.pdf</a>	Applicant	General Information	WHLA-TV Reduced Power STA Request