



(REFERENCE COPY - Not for submission)

Request to Extend a Digital Replacement Translator Engineering STA Application

File Number: **0000054103** | Submit Date: **05/15/2018** | Call Sign: **WNYT** | Facility ID: **73363** | FRN: **0005828736** | State: **New York** | City: **ALBANY**
Service: **DRT** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **05/16/2018** | Expiration Date: **11/20/2018**
Filing Status: **InActive**

General Information

Section	Question	Response
---------	----------	----------

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
STA Extension	MGL	\$190.00
Total		\$190.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WNYT-TV, LLC Doing Business As: WNYT-TV, LLC	Steve P. Baboulis 715 N. Pearl St. Albany, NY 12204 United States	+1 (518) 207- 4701	sbaboulis@wnyt. com	Limited Liability Company

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
(1)**

Contact Name	Address	Phone	Email	Contact Type
Bill LeBeau <i>Legal Representative</i> Holland & Knight LLP	Bill LeBeau 800 17th St. NW Washington DC, DC 20006 United States	+1 (202) 868- 5965	bill.lebeau@hklaw. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	73363	
State	New York	
City	ALBANY	
DRT Channel	45	

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
-------------	-----------	------	-------

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1200269
Coordinates (NAD83)	Latitude	43° 18' 17.0" N+
	Longitude	073° 45' 05.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	68.0 meters
	Support Structure Height	68.0 meters
	Ground Elevation (AMSL)	402.3 meters
Antenna Data	Height of Radiation Center Above Ground Level	40 meters
	Height of Radiation Center Above Mean Sea Level	442.3 meters
	Effective Radiated Power	15 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	103801
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TLP-12W/VP-R(SP)
	Rotation	0 degrees
	Electrical Beam Tilt	1.6
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
Elevation Radiation Pattern	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	
	Out-of-Channel Emission Mask:	Stringent

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.845	90	0.985	180	0.975	270	0.253
10	0.922	100	1	190	0.922	280	0.241
20	0.975	110	0.985	200	0.845	290	0.253
30	0.997	120	0.951	210	0.758	300	0.302
40	0.99	130	0.925	220	0.68	310	0.397
50	0.959	140	0.929	230	0.605	320	0.51
60	0.929	150	0.959	240	0.51	330	0.605
70	0.925	160	0.99	250	0.397	340	0.68
80	0.951	170	0.997	260	0.302	350	0.758

Additional Azimuths

Degree	V _A
--------	----------------

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>David A. Jones <i>Vice President</i></p> <p>05/15/2018</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
54103.pdf	Internal	All Purpose	
WNYT - Glens Falls DRT - STA Extension Request.pdf	Applicant	General Information	WNYT - Glens Falls DRT - STA Extension Request