



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000055321** | Submit Date: **06/20/2018** | Call Sign: **WNJX-TV** | Facility ID: **73336** | FRN: **0004343323**  
 State: **Puerto Rico** | City: **MAYAGUEZ**  
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **06/29/2018** | Expiration Date: **12/28/2018**  
 Filing Status: **Active**

**General Information**

Section	Question	Response
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**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
<b>Waivers</b>	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
Engineering STA	MGT	\$190.00
<b>Total</b>		<b>\$190.00</b>

**Applicant  
Information**

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

Applicant	Address	Phone	Email	Applicant Type
TELEVICENTRO OF PUERTO RICO, LLC	JAVIER MAYNULET P.O. BOX 362050 SAN JUAN, PUERTO RICO 00936-2050 Puerto Rico	7877924444	javier. maynulet@wapa-tv. com	Limited Liability Company

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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>SALLY BUCKMAN , ESQ .</b> LERMAN SENTER PLLC	SALLY BUCKMAN 2001 L Street, NW SUITE 400 Washington, DC 20036 United States	+1 (202) 416- 6792	SBUCKMAN@LERMANSENTER. COM	Legal Representative
<b>Louis R duTreil , Jr .</b> <i>Technical Consultant</i> duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6004	bobjr@DLR.com	Technical Representative

**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	73336
	State	Puerto Rico
	City	MAYAGUEZ
	DTV Channel	31
	Designated Market Area	PUERTO RICO
<b>Facility Type</b>	Facility Type	Commercial
	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	1237284
<b>Coordinates (NAD83)</b>	Latitude	18° 08' 51.6" N+
	Longitude	066° 58' 57.1" W-
	Structure Type	LTOWER-Lattice Tower
	Overall Structure Height	117.5 meters
	Support Structure Height	93.0 meters
	Ground Elevation (AMSL)	898.9 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	84.8 meters
	Height of Radiation Center Above Average Terrain	668.5 meters
	Height of Radiation Center Above Mean Sea Level	983.7 meters
	Effective Radiated Power	160 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1003883
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TLP-24M/VP-R (C)
	Rotation	0 degrees
	Electrical Beam Tilt	1.5
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
<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	

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.94	90	0.184	180	0.599	270	0.918
10	0.865	100	0.226	190	0.688	280	0.901
20	0.775	110	0.257	200	0.778	290	0.895
30	0.684	120	0.227	210	0.873	300	0.908
40	0.593	130	0.183	220	0.951	310	0.921
50	0.497	140	0.194	230	0.993	320	0.942
60	0.392	150	0.278	240	0.998	330	0.974
70	0.280	160	0.393	250	0.976	340	0.995
80	0.197	170	0.502	260	0.944	350	0.985

**Additional Azimuths**

Degree	V <sub>A</sub>
237	1.00
236	1.00

**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>Craig Fischer</b> <i>Vice President</i></p> <p>06/20/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>LSL2-#359833-v1-WNJX Interim Facility STA Narrative.pdf</u></a>	Applicant	All Purpose	WNJX STA Application Narrative