



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000058697** | Submit Date: **08/01/2018** | Call Sign: **KTNW** | Facility ID: **71023** | FRN: **0001563949** | State: **Washington** | City: **RICHLAND**  
Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **08/03/2018** | Expiration Date:   
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>WASHINGTON STATE UNIVERSITY Applicant</b> Doing Business As: WASHINGTON STATE UNIVERSITY	Doug Krehbiel EDUCATIONAL TELECOMMUNICATIONS AND TECH. MURROW COMM CENTER, P.O. BOX 642530 PULLMAN, WA 99164 United States	+1 (509) 335-3861	doug. krehbiel@wsu. edu	Other

**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>MARTIN L. GIBBS L. GIBBS</b> WASHINGTON STATE UNIVERSITY	2710 CRIMSON WAY RICHLAND, WA 99354 United States	+1 (509) 948- 1496	M.GIBBS@WSU.EDU	Technical Representative
<b>Margaret L. Miller L. Miller</b> Gray Miller Persh LLP	1200 New Hampshire Ave., NW Suite 410 Washington, DC 20036 United States	+1 (202) 776- 2914	mmiller@graymillerpersh. com	Legal Representative

**Channel and  
Facility  
Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Proposed Community of License</b>	Facility ID	71023
	State	Washington
	City	RICHLAND
	DTV Channel	38
	Designated Market Area	YAKIMA-PASCO-RCHLND-KNNWCK
<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?	No
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	46° 06' 12.8" N+
	Longitude	119° 07' 44.6" W-
	Structure Type	UTOWER-Unguyed - Free Standing Tower
	Overall Structure Height	19 meters
	Support Structure Height	19 meters
	Ground Elevation (AMSL)	665 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	10 meters
	Height of Radiation Center Above Average Terrain	361 meters
	Height of Radiation Center Above Mean Sea Level	675 meters
	Effective Radiated Power	20 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	60199
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TLP-8L F
	Rotation	0 degrees
	Electrical Beam Tilt	1
	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	

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.893	90	0.463	180	0.036	270	0.104
10	0.965	100	0.348	190	0.054	280	0.146
20	0.996	110	0.255	200	0.073	290	0.194
30	0.991	120	0.195	210	0.077	300	0.26
40	0.968	130	0.133	220	0.062	310	0.354
50	0.899	140	0.072	230	0.039	320	0.466
60	0.798	150	0.033	240	0.02	330	0.583
70	0.69	160	0.019	250	0.021	340	0.696
80	0.578	170	0.023	260	0.055	350	0.801

**Additional Azimuths**

Degree	V <sub>A</sub>
25	1

**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>Bruce Pinkleton Pinkleton</b>  <i>Dean of the College of Communication</i></p> <p>08/01/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KNTW(TV) Reduced Power STA.pdf</a>	Applicant	All Purpose	KTNW STA Explanation