



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Engineering STA Application

File Number: **0000062810** | Submit Date: **10/12/2018** | Call Sign: **WLWT** | Facility ID: **46979** | FRN: **0001587609** | State: **Ohio** | City: **CINCINNATI**  
 Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **10/15/2018** | Expiration Date: **04/14/2019** | Filing Status: **InActive**

**General Information**

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

**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
STA Extension	MGT	\$200.00
<b>Total</b>		<b>\$200.00</b>

**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>OHIO/OKLAHOMA HEARST TELEVISION INC.</b>	C/O BROOKS, PIERCE, ET. AL P.O. BOX 1800 RALEIGH, NC 27602 United States	+1 (919) 839- 0300	shartzell@brookspierce. com	Corporation

---

**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>Stephen Hartzell</b> Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	shartzell@brookspierce.com	Legal Representative
<b>Mark J Prak</b> Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	mprak@brookspierce.com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	46979	
State	Ohio	
City	CINCINNATI	
DTV Channel	35	
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	1

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1038226
<b>Coordinates (NAD83)</b>	Latitude	39° 07' 27.0" N+
	Longitude	084° 31' 18.0" W-
	Structure Type	LTOWER-Lattice Tower
	Overall Structure Height	289.6 meters
	Support Structure Height	273.1 meters
	Ground Elevation (AMSL)	255.4 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	221.0 meters
	Height of Radiation Center Above Average Terrain	265.4 meters
	Height of Radiation Center Above Mean Sea Level	476.4 meters
	Effective Radiated Power	715 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1004224
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TFU-16WB C160
	Rotation	30 degrees
	Electrical Beam Tilt	0.55
	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	0.787	90	0.873	180	0.599	270	0.869
10	0.798	100	0.823	190	0.550	280	0.918
20	0.832	110	0.759	200	0.425	290	0.964
30	0.888	120	0.660	210	0.316	300	0.992
40	0.949	130	0.517	220	0.364	310	0.986
50	0.991	140	0.364	230	0.517	320	0.945
60	0.998	150	0.316	240	0.659	330	0.886
70	0.971	160	0.425	250	0.758	340	0.831
80	0.924	170	0.549	260	0.820	350	0.797

**Additional Azimuths**

Degree	V <sub>A</sub>
57	1.000
303	0.994
212	0.310
148	0.310

**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>Jordan M. Wertlieb</b> <i>President</i></p> <p>10/12/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<u><a href="#">WLWT Pre-Transition Channel Interim Operation STA Extension Request.pdf</a></u>	Applicant	All Purpose	Request for Extension of STA

---