



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **0000062974** | Submit Date: **10/18/2018** | Call Sign: **WUXP-TV** | Facility ID: **9971** | FRN: **0006770051** | State: **Tennessee** | City: **NASHVILLE**
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **10/24/2018** | Expiration Date: **04/24/2019**
 Filing Status: **InActive**

General Information

Section	Question	Response
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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
Engineering STA	MGT	\$200.00
Total		\$200.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WUXP LICENSEE, LLC Doing Business As: WUXP LICENSEE, LLC	C/O PAUL A. CICELSKI 2001 L STREET, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 416-6756	PCICELSKI@LERMANSENTER. 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
(2)**

Contact Name	Address	Phone	Email	Contact Type
Harvey Arnold <i>CHIEF ENGINEER</i> Sinclair Broadcast Group, Inc.	Harveyt Arnold 10706 Beaver Dam Road Cockeysville, MD 21030 United States	+1 (410) 568- 1500	harnold@sbgvtv.com	Technical Representative
PAUL A CICELSKI <i>FCC Counsel</i> LERMAN SENTER PLLC	2001 L Street, NW Suite 400 WASHINGTON, DC 20036 United States	+1 (202) 416- 6756	pcicelski@lermansenter. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	9971	
State	Tennessee	
City	NASHVILLE	
DTV Channel	21	
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
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Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1224078
Coordinates (NAD83)	Latitude	36° 15' 49.8" N+
	Longitude	086° 47' 38.9" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	381.3 meters
	Support Structure Height	381.3 meters
	Ground Elevation (AMSL)	243.2 meters
Antenna Data	Height of Radiation Center Above Ground Level	352 meters
	Height of Radiation Center Above Average Terrain	413 meters
	Height of Radiation Center Above Mean Sea Level	595.2 meters
	Effective Radiated Power	1000 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	39919
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-24DSC-R C170
	Rotation	0 degrees
	Electrical Beam Tilt	0.75
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
DTV and DTS: Elevation 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	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.94	90	0.899	180	0.94	270	0.245
10	0.987	100	0.9	190	0.854	280	0.232
20	1	110	0.905	200	0.733	290	0.207
30	0.988	120	0.917	210	0.588	300	0.218
40	0.963	130	0.936	220	0.437	310	0.302
50	0.936	140	0.963	230	0.302	320	0.437
60	0.917	150	0.988	240	0.218	330	0.588
70	0.905	160	1	250	0.207	340	0.733
80	0.9	170	0.987	260	0.232	350	0.854

Additional Azimuths

Degree	V _A
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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 B. Amy <i>Secretary Sinclair Television Group Inc</i></p> <p>10/18/2018</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
WUXP STA Request.pdf	Applicant	General Information	STA Request