



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Engineering STA Application

File Number: **0000063666** | Submit Date: **11/21/2018** | Call Sign: **WFLX** | Facility ID: **39736** | FRN: **0018223693** | State: **Florida** | City: **WEST PALM BEACH**

Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **11/26/2018** | Expiration Date: **05/30/2019**

Filing Status: **InActive**

### 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
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>WFLX LICENSE SUBSIDIARY, LLC</b> Doing Business As: WFLX LICENSE SUBSIDIARY, LLC	201 MONROE STREET RSA TOWER, 20TH FLOOR MONTGOMERY, AL 36104 United States	+1 (334) 206-1400	fclms@raycommedia. 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>Ann W. Bobeck , Esq .</b> <i>Legal Counsel</i> Covington & Burling LLP	Ann W. Bobeck One CityCenter 850 Tenth Street, NW WASHINGTON, DC 20001 United States	+1 (202) 662- 5719	abobeck@cov.com	Legal Representative
<b>David Burke</b> <i>Vice President-- Chief Technology Officer</i> Raycom Media, Inc.	RSA Tower 20th Floor 201 Monroe Street Montgomery, AL 36104 United States	+1 (334) 206- 1475	dburke@raycommedia. com	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	39736	
State	Florida	
City	WEST PALM BEACH	
DTV Channel	27	
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	3

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
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**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1028084
<b>Coordinates (NAD83)</b>	Latitude	26° 34' 30.7" N+
	Longitude	080° 14' 31.1" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	467.0 meters
	Support Structure Height	466.0 meters
	Ground Elevation (AMSL)	5.2 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	439 meters
	Height of Radiation Center Above Average Terrain	440 meters
	Height of Radiation Center Above Mean Sea Level	444.2 meters
	Effective Radiated Power	400 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1003698
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TUA-P4-12/48H-1-S
	Rotation	0 degrees
	Electrical Beam Tilt	0.7
	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
<b>0</b>	1	<b>90</b>	0.285	<b>180</b>	1	<b>270</b>	0.285
<b>10</b>	0.961	<b>100</b>	0.244	<b>190</b>	0.961	<b>280</b>	0.244
<b>20</b>	0.864	<b>110</b>	0.166	<b>200</b>	0.864	<b>290</b>	0.166
<b>30</b>	0.784	<b>120</b>	0.282	<b>210</b>	0.784	<b>300</b>	0.282
<b>40</b>	0.694	<b>130</b>	0.517	<b>220</b>	0.694	<b>310</b>	0.517
<b>50</b>	0.501	<b>140</b>	0.681	<b>230</b>	0.501	<b>320</b>	0.681
<b>60</b>	0.255	<b>150</b>	0.771	<b>240</b>	0.255	<b>330</b>	0.771
<b>70</b>	0.167	<b>160</b>	0.869	<b>250</b>	0.167	<b>340</b>	0.869
<b>80</b>	0.256	<b>170</b>	0.965	<b>260</b>	0.256	<b>350</b>	0.965

**Additional Azimuths**

Degree	V <sub>A</sub>
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**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>David Burke</b>  <i>Vice President, Chief Technology Officer</i></p> <p>11/21/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WFLX STA Extension Request Narrative (Finalized) November 20 2018.pdf</u>	Applicant	All Purpose	STA Extension Request Narrative