



(REFERENCE COPY - Not for submission)

Request to Extend a DTV Engineering STA Application

File Number: **0000074511** | Submit Date: **06/05/2019** | Call Sign: **KGNS-TV** | Facility ID: **10061** | FRN: **0018223693**
 State: **Texas** | City: **LAREDO**
 Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **06/06/2019** | Expiration Date: **12/05/2019**
 Filing Status: **InActive**

General Information

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

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
STA Extension	MGT	\$200.00
Total		\$200.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504- 9828	Robert. Folliard@gray.tv	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
Joseph M. Davis , P.E. . <i>Consulting Engineer</i> Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650- 9600	Joseph.Davis@RF- consultants.com	Technical Representative
Joan Stewart Wiley Rein LLP	1776 K Street, NW WASHINGTON, DC 20006 United States	+1 (202) 719- 7438	jstewart@wileyrein.com	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	10061
	State	Texas
	City	LAREDO
	DTV Channel	8
	Designated Market Area	Laredo
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	3

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
-------------	-----------	------	-------

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1045081
Coordinates (NAD83)	Latitude	27° 40' 22.0" N+
	Longitude	099° 39' 52.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	325.0 meters
	Support Structure Height	302.0 meters
	Ground Elevation (AMSL)	147.5 meters
Antenna Data	Height of Radiation Center Above Ground Level	287 meters
	Height of Radiation Center Above Average Terrain	277.3 meters
	Height of Radiation Center Above Mean Sea Level	434.5 meters
	Effective Radiated Power	5 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1004359
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TLS-V4BB/VP-R
	Rotation	120 degrees
	Electrical Beam Tilt	2.5
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
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	1.0	90	0.606	180	0.462	270	0.606
10	0.995	100	0.549	190	0.459	280	0.669
20	0.978	110	0.506	200	0.458	290	0.736
30	0.951	120	0.479	210	0.458	300	0.803
40	0.910	130	0.460	220	0.453	310	0.860
50	0.860	140	0.453	230	0.460	320	0.910
60	0.803	150	0.458	240	0.479	330	0.951
70	0.736	160	0.458	250	0.506	340	0.978
80	0.669	170	0.459	260	0.549	350	0.995

Additional Azimuths

Degree	V _A
--------	----------------

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>Robert J. Folliard , III . <i>Assistant Secretary</i></p> <p>06/05/2019</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
KGNS STA Statement.pdf	Applicant	General Information	STA Extension Request
KGNS-TV STA request ENG 11-27-2018.pdf	Applicant	General Information	Engineering Statement