



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000081102** | Submit Date: **09/09/2019** | Call Sign: **WSFX-TV** | Facility ID: **72871** | FRN: **0021205521**  
 State: **North Carolina** | City: **WILMINGTON**  
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **09/11/2019** | Expiration Date: **09/17/2019**  
 Filing Status: **Active**

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

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
<b>WSFX LICENSE SUBSIDIARY, LLC</b> Doing Business As: WSFX LICENSE SUBSIDIARY, LLC	Thomas Henson 2131 AYRSLEY TOWN BOULEVARD SUIT E300 CHARLOTTE, NC 28273 United States	+1 (704) 643-4148	thenson@ayrsley. 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  
(1)**

Contact Name	Address	Phone	Email	Contact Type
Daniel A. Kirkpatrick , ESQ. . FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH STREET ELEVENTH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0432	kirkpatrick@fhhlaw. com	Legal Representative

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**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	72871
	State	North Carolina
	City	WILMINGTON
	DTV Channel	30
	Designated Market Area	Wilmington
<b>Facility Type</b>	Facility Type	Commercial
	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?	Yes
	ASR Number	1008242
<b>Coordinates (NAD83)</b>	Latitude	34° 07' 54.0" N+
	Longitude	078° 11' 16.0" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	595.6 meters
	Support Structure Height	548.0 meters
	Ground Elevation (AMSL)	19.2 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	587 meters
	Height of Radiation Center Above Average Terrain	590 meters
	Height of Radiation Center Above Mean Sea Level	606.2 meters
	Effective Radiated Power	112 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	89590
<b>Antenna Manufacturer and Model</b>	Manufacturer:	AND
	Model	ABBP14H4-HTCX1-30/54
	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	0.692	90	0.675	180	0.473	270	0.268
10	0.688	100	0.572	190	0.404	280	0.249
20	0.873	110	0.717	200	0.452	290	0.554
30	0.871	120	0.792	210	0.49	300	0.792
40	0.742	130	0.662	220	0.44	310	0.872
50	0.841	140	0.602	230	0.467	320	0.921
60	0.96	150	0.672	240	0.486	330	0.971
70	0.966	160	0.682	250	0.482	340	0.998
80	0.862	170	0.592	260	0.421	350	0.893

**Additional Azimuths**

Degree	V <sub>A</sub>
338	1
276	0.203

**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>Thomas B Henson</b> <i>Manager</i></p> <p>09/09/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">WSFX Extension STA Exhibit (01350657xB3D1E).pdf</a>	Applicant	All Purpose	Explanation for STA Request