

(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

 File Number:
 0000086642
 Submit Date:
 10/15/2019
 Call Sign:
 WBKI
 Facility ID:
 34167
 FRN:
 0003189248
 State:

 Indiana
 City:
 SALEM

 Service:
 DTV
 Purpose:
 Engineering STA
 Status:
 Granted
 Status Date:
 10/18/2019
 Expiration Date:
 Filing Status:
 InActive

General Information	Section	Question		Response
Fees, Waivers,	Section	Question		Response
and Exemptions	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 Amo	ount
	Engineering STA	MGT	\$200.00	

Total

\$200.00

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
INDEPENDENCE TELEVISION COMPANY Applicant Doing Business As: INDEPENDENCE TELEVISION COMPANY	Gary Schroder 624 MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40203 United States	+1 (502) 584-6441	gschroder@wdrb. com	Other

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 (3)	Contact Name	Address	Phone	Email	Contact Type
	Christina H. Burrow H. Burrow Cooley LLP	Christina H. Burrow 1299 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004 United States	+1 (202) 776- 2687	cburrow@cooley. com	Legal Representative
	Gary Schroder G Everist Independence Television Company	Donald G. Everist 624 Muhammad Ali Boulevard Louisville, KY 40203 United States	+1 (502) 584- 6441	test@fcc.gov	Technical Representative
	Gary Schroder Schroder Independence Television Company	Gary Schroder 624 Muhammad Ali Boulevard Louisville, KY 40203 United States	+1 (502) 584- 6441	gschroder@wdrb. com	Technical Representative

Channel and Facility Information	Section	Question	Response
		Facility ID	34167
		State	Indiana
		City	SALEM
		DTV Channel	16
		Designated Market Area	Louisville
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	1

Antenna Location	Section	Question	Response
Data	Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
		ASR Number	1307446
	Coordinates (NAD83)	Latitude	38° 21' 01.0" N+
		Longitude	085° 50' 57.0" W-
		Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Antenna Data	Overall Structure Height	304.8 meters
		Support Structure Height	288.0 meters
		Ground Elevation (AMSL)	294.1 meters
		Height of Radiation Center Above Ground Level	242.9 meters
		Height of Radiation Center Above Average Terrain	340.0 meters
		Height of Radiation Center Above Mean Sea Level	537.0 meters
		Effective Radiated Power	725.0 kW

Antenna	Section	Question	ResponseDirectional CustomYes104931ERIATW19H3-HSCX-16H0 degrees	
Technical Data	Antenna Type	Antenna Type	Directional Custom	
		Do you have an Antenna ID?	Yes	
		Antenna Type Directional Custom Do you have an Antenna ID? Yes Antenna ID 104931 Manufacturer: ERI Model ATW19H3-HSCX-16		
	Antenna Manufacturer and	Manufacturer:	ERI	
	Model	Model	ATW19H3-HSCX-16H	
		Rotation	0 degrees	
		Electrical Beam Tilt	0.75	
		Mechanical Beam Tilt	Not Applicable	
		toward azimuth		
		Polarization	Horizontal	
	DTV and DTS: Elevation Pattern	patterns that vary with azimuth for reasons other than the	No	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.600	90	0.305	180	0.940	270	0.985
10	0.480	100	0.420	190	0.950	280	0.980
20	0.450	110	0.610	200	0.960	290	0.980
30	0.550	120	0.790	210	0.970	300	0.980
40	0.640	130	0.880	220	0.975	310	0.980
50	0.640	140	0.900	230	0.980	320	0.980
60	0.550	150	0.910	240	0.980	330	0.920
70	0.400	160	0.920	250	0.985	340	0.830
80	0.280	170	0.930	260	1.000	350	0.720

Additional Azimuths

VA Degree

Certification	Section	Question	Response
	General Certification Statements	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.).	
		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.	
	Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID 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. 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). 	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jodi Miehls Miehls Assistant Secretary 10/15/2019

Attachments	File Name	Uploaded By	Attachment Type	Description
	WBKI-STA for Interim Operation Exhibit.pdf	Applicant	General Information	WBKI-Request for STA