



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000091689 | Submit Date: 11/27/2019 | Call Sign: WMEC | Facility ID: 70537 | FRN: 0005941323 | State: Illinois | City: MACOMB

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 12/04/2019 | Expiration Date:

Filing Status: InActive

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY</b> <b>Applicant</b> Doing Business As: BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY	Jak Tichenor 1003 COMMUNICATIONS BUILDING MAILCODE 6602 CARBONDALE, IL 62901 United States	+1 (618) 453-6181	jak. tichenor@wsiu. org	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  
(2)

Contact Name	Address	Phone	Email	Contact Type
<b>Gregory Best Best</b> Greg Best Consulting, Inc.	16100 Outlook Ave. Stilwell, KS 66085 United States	+1 (816) 792- 2913	gbconsulting54@gmail. com	Technical Representative
<b>Melodie A. Virtue A. Virtue</b> Foster Garvey PC	1000 Potomac St., N. W. Suite 200 WASHINGTON, DC 20007 United States	+1 (202) 298- 2527	melodie.virtue@foster. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	70537
	State	Illinois
	City	MACOMB
	DTV Channel	36
	Designated Market Area	QUINCY-HANNIBAL-KEOKUK
Facility Type	Facility Type	Noncommercial Educational
	Station Type	Main
Zone	Zone	1

Antenna Location  
Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1018309
Coordinates (NAD83)	Latitude	40° 23' 54.0" N+
	Longitude	090° 43' 55.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	152.4 meters
	Support Structure Height	152.4 meters
	Ground Elevation (AMSL)	182.9 meters
Antenna Data	Height of Radiation Center Above Ground Level	142 meters
	Height of Radiation Center Above Average Terrain	131 meters
	Height of Radiation Center Above Mean Sea Level	324.9 meters
	Effective Radiated Power	100 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1006015
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	ALP8M3-HSBR-36
	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	.246	90	.818	180	.137	270	.818
10	.269	100	.664	190	.146	280	.936
20	.364	110	.513	200	.161	290	.994
30	.549	120	.386	210	.177	300	.992
40	.765	130	.282	220	.211	310	.923
50	.923	140	.211	230	.282	320	.765
60	.992	150	.177	240	.386	330	.549
70	.994	160	.161	250	.513	340	.364
80	.936	170	.146	260	.664	350	.269

Additional Azimuths

Degree	V <sub>A</sub>
65	1.0
295	1.0

## 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	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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.	<b>J Kevin Dorsey Dorsey</b> <i>Interim President</i>  11/27/2019

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WMEC STA Request.pdf</u>	Applicant	General Information	Description of the circumstances requiring the STA and description of the proposed facility