



(REFERENCE COPY - Not for submission)

Request to Extend a DTV Engineering STA Application

File Number: **0000106044** | Submit Date: **02/14/2020** | Call Sign: **WPXU-TV** | Facility ID: **37971** | FRN: **0001808468** |
 State: **North Carolina** | City: **JACKSONVILLE**
 Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **03/04/2020** | Expiration Date: **09/07/2020** |
 Filing Status: **Active**

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
ION MEDIA JACKSONVILLE LICENSE, INC. Doing Business As: ION MEDIA JACKSONVILLE LICENSE, INC.	601 Clearwater Park Road West Palm Beach, FL 33401 United States	+1 (561) 682-4110	BiancaFrye@ionmedia. com	Corporation

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
Shea Clark <i>VP, Engineering</i> ION Media Networks, Inc.	Shea Clark 14444 66th Street N Clearwater, FL 33764 United States	+1 (727) 533- 2708	sheaclark@ionmedia. com	Technical Representative
Bianca Frye <i>Paralegal</i> ION Media Networks, Inc.	601 Clearwater Park Road West Palm Beach, FL 33401 United States	+1 (561) 682- 4110	BiancaFrye@ionmedia. com	Paralegal

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	37971
	State	North Carolina
	City	JACKSONVILLE
	DTV Channel	16
	Designated Market Area	Greenville-N.Bern-Washngtn
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1006934
Coordinates (NAD83)	Latitude	34° 29' 42.0" N+
	Longitude	077° 29' 18.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	308.7 meters
	Support Structure Height	308.0 meters
	Ground Elevation (AMSL)	9.0 meters
Antenna Data	Height of Radiation Center Above Ground Level	163.67 meters
	Height of Radiation Center Above Average Terrain	165.66 meters
	Height of Radiation Center Above Mean Sea Level	172.67 meters
	Effective Radiated Power	170 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1006416
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-8WB-R C160
	Rotation	315 degrees
	Electrical Beam Tilt	1.05
	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	0.954	90	0.858	180	0.665	270	0.858
10	0.960	100	0.808	190	0.631	280	0.896
20	0.976	110	0.734	200	0.545	290	0.932
30	0.993	120	0.632	210	0.457	300	0.965
40	1	130	0.517	220	0.441	310	0.990
50	0.991	140	0.440	230	0.519	320	1
60	0.966	150	0.457	240	0.634	330	0.994
70	0.933	160	0.546	250	0.736	340	0.977
80	0.897	170	0.632	260	0.809	350	0.961

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>Shea Clark <i>VP, Engineering</i></p> <p>02/14/2020</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>2020-02-12 Jacksonville NC WPXU Request for STA Extension - Final.pdf</u>	Applicant	General Information	Request for STA Extension