



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **0000112213** | Submit Date: **04/13/2020** | Call Sign: **WLAX** | Facility ID: **2710** | FRN: **0009961889** | State: **Wisconsin** | City: **LA CROSSE**

Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **04/17/2020** | Expiration Date:

Filing Status: **InActive**

General Information

Section	Question	Response
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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
Engineering STA	MGT	\$200.00
Total		\$200.00

Applicant
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NEXSTAR BROADCASTING, INC. Applicant Doing Business As: NEXSTAR BROADCASTING, INC.	Elizabeth Ryder 545 E. JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062 United States	+1 (972) 373- 8800	eryder@nexstar. tv	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
Jr William T Godfrey T Godfrey , Jr . Kessler and Gehman Associates, Inc.	William T. Godfrey, Jr. Kessler and Gehman Associates, Inc. 507-D NW 60th Street Gainesville, FL 32607 United States	+1 (352) 332-3157	bill@kesslerandgehman.com	Technical Representative
Elizabeth Ryder Ryder Nexstar Broadcasting, Inc.	Elizabeth Ryder 545 E John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv	Legal Representative

Channel and
Facility
Information

Section	Question	Response
Proposed Community of License	Facility ID	2710
	State	Wisconsin
	City	LA CROSSE
	DTV Channel	17
	Designated Market Area	La Crosse-Eau Claire
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	1264312
Coordinates (NAD83)	Latitude	43° 48' 16.0" N+
	Longitude	091° 22' 19.8" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	206.0 meters
	Support Structure Height	192.1 meters
	Ground Elevation (AMSL)	367.6 meters
Antenna Data	Height of Radiation Center Above Ground Level	198.3 meters
	Height of Radiation Center Above Average Terrain	297.3 meters
	Height of Radiation Center Above Mean Sea Level	565.9 meters
	Effective Radiated Power	511 kW

Antenna
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	88327
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-22JTH-R T180
	Rotation	0 degrees
	Electrical Beam Tilt	1
	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	0.473	90	0.718	180	1	270	0.718
10	0.501	100	0.587	190	0.961	280	0.856
20	0.587	110	0.501	200	0.856	290	0.961
30	0.718	120	0.473	210	0.718	300	1
40	0.856	130	0.501	220	0.587	310	0.961
50	0.961	140	0.587	230	0.501	320	0.856
60	1	150	0.718	240	0.473	330	0.718
70	0.961	160	0.856	250	0.501	340	0.587
80	0.856	170	0.961	260	0.587	350	0.501

Additional Azimuths

Degree	V _A
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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.	Elizabeth Ryder Ryder <i>General Counsel</i> 04/13/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WLAX STA Request.pdf</u>	Applicant	General Information	