



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **0000160289** | Submit Date: **09/24/2021** | Call Sign: **WINK-TV** | Facility ID: **22093** | FRN: **0004078598** | State: **Florida** | City: **FORT MYERS**
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **10/18/2021** | 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	MPV	\$270.00
Total		\$270.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FORT MYERS BROADCASTING COMPANY Applicant Doing Business As: FORT MYERS BROADCASTING COMPANY	Mark Gilson 2824 PALM BEACH BLVD. FORT MYERS, FL 33916 United States	+1 (239) 334-1111	mark.gilson@fmbcmail.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
(2)**

Contact Name	Address	Phone	Email	Contact Type
III Joseph A. Belisle A. Belisle , III . Belisle Law Firm PA	Joseph A. Belisle III PO Box 970620 MIAMI, FL 33197 United States	+1 (305) 978- 7675	joe@belislelaw. com	Legal Representative
William Jeffrey Reynolds Jeffrey Reynolds du Treil, Lundin & Rackley, Inc.	William Jeffrey Reynolds 5120 Station Way Sarasota, FL 34233 United States	+1 (941) 329- 6000	jeff@dlr.com	Technical Representative

**Channel and
Facility
Information**

Section	Question	Response
Proposed Community of License	Facility ID	22093
	State	Florida
	City	FORT MYERS
	DTV Channel	31
	Designated Market Area	Ft. Myers-Naples
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	3

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1213076
Coordinates (NAD83)	Latitude	26° 47' 08.7" N+
	Longitude	081° 47' 45.9" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	461.8 meters
	Support Structure Height	443.5 meters
	Ground Elevation (AMSL)	8.8 meters
Antenna Data	Height of Radiation Center Above Ground Level	387 meters
	Height of Radiation Center Above Average Terrain	388 meters
	Height of Radiation Center Above Mean Sea Level	395.8 meters
	Effective Radiated Power	579 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	1004653
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-24WB
	Rotation	240 degrees
	Electrical Beam Tilt	0.5
	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	0.971	90	0.842	180	0.64	270	0.84
10	0.976	100	0.788	190	0.609	280	0.882
20	0.988	110	0.713	200	0.531	290	0.92
30	0.998	120	0.612	210	0.45	300	0.956
40	0.998	130	0.504	220	0.433	310	0.984
50	0.984	140	0.435	230	0.503	320	0.998
60	0.956	150	0.452	240	0.611	330	0.998
70	0.921	160	0.533	250	0.711	340	0.987
80	0.883	170	0.61	260	0.786	350	0.976

Additional Azimuths

Degree	V _A
35	1.000
325	1.000

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>Mark Gilson Gilson <i>Assistant Secretary</i></p> <p>09/24/2021</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>Reason for Special Temporary Authority.pdf</u>	Applicant	General Information	Reasons for STA Request
<u>WINK Post Transition Ch 31 STA Technical Summary.pdf</u>	Applicant	General Information	Technical Summary
<u>WINK-TV STA Coverage Map.pdf</u>	Applicant	General Information	STA Coverage Map