



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **0000005004** | Submit Date: **10/15/2015** | Call Sign: **KTBN-TV** | Facility ID: **67884** | FRN: **0003791712** | State: **California** | City: **SANTA ANA**
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **10/21/2015** | Expiration Date: |
 Filing Status: **Active**

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	\$190.00
Total		\$190.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY CHRISTIAN CENTER OF SANTA ANA, INC. Applicant Doing Business As: TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.	Ben Miller 2442 MICHELLE DRIVE P.O. BOX C- 11949 SANTA ANA, CA 92680 United States	+1 (714) 832- 2950	bmiller@tbn. 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
KEVIN T. Fisher T. Fisher Smith & Fisher	15640 Piedmont Place Woodbridge, VA 22193 United States	+1 (703) 494- 2101	Kevin@smithandfisher.com	Technical Representative
Esq. Colby M May M May , Esq. . COLBY M. MAY, ESQ., P. C.	P. O. Box 15473 WASHINGTON, DC 20003 United States	+1 (202) 544- 5171	CMMAY@MAYLAWOFFICES. COM	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	67884
	State	California
	City	SANTA ANA
	DTV Channel	33
	Designated Market Area	Los Angeles
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
Coordinates (NAD83)	Latitude	34° 13' 27.0" N+
	Longitude	118° 03' 47.2" W-
	Structure Type	MAST-Self-support struct
	Overall Structure Height	61 meters
	Support Structure Height	30.5 meters
	Ground Elevation (AMSL)	1726 meters
Antenna Data	Height of Radiation Center Above Ground Level	39 meters
	Height of Radiation Center Above Average Terrain	875 meters
	Height of Radiation Center Above Mean Sea Level	1765 meters
	Effective Radiated Power	1000 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	92251
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	ESR-8U4-HP2CX-33
	Rotation	230 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	0.03	90	0.45	180	0.86	270	0.44
10	0.02	100	0.62	190	0.72	280	0.28
20	0.02	110	0.79	200	0.67	290	0.14
30	0.03	120	0.92	210	0.86	300	0.06
40	0.03	130	0.98	220	0.99	310	0.03
50	0.03	140	0.97	230	1	320	0.03
60	0.06	150	0.86	240	0.93	330	0.02
70	0.14	160	0.69	250	0.8	340	0.02
80	0.28	170	0.76	260	0.62	350	0.03

Additional Azimuths

Degree	V _A
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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>John B. Casoria Esq. B. Casoria , Esq. . <i>Assistant Secretary</i></p> <p>10/15/2015</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
20151015 -- KTBN Status of Operation.docx	Applicant	General Information	