



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000059477** | Submit Date: **09/07/2018** | Call Sign: **WEDH** | Facility ID: **13602** | FRN: **0003574662** | State: **Connecticut** | City: **HARTFORD**  
Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **09/14/2018** | Expiration Date: **03/11/2019**

Filing Status: **Active**

## 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**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>CONNECTICUT PUBLIC BROADCASTING, INC.</b> Doing Business As: CONNECTICUT PUBLIC TELEVISION	1049 ASYLUM AVENUE HARTFORD, CT 06105 United States	+1 (860) 278- 5310	MSAKELLARIDES@CPTV. ORG	Not-for- Profit

**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>Louis R duTreil , Jr .</b> <i>Technical Consultant</i> duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6004	bobjr@DLR.com	Technical Representative
<b>STEVEN C SCHAFFER , ESQ .</b> Garvey Schubert Barer	1000 Potomac Street, NW Suite 200 WASHINGTON, DC 20007 United States	+1 (202) 298- 2535	sschaffer@gsblaw. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	13602
	State	Connecticut
	City	HARTFORD
	DTV Channel	45
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	1

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1041624
<b>Coordinates (NAD83)</b>	Latitude	41° 42' 13.0" N+
	Longitude	072° 49' 55.0" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	408.1 meters
	Support Structure Height	393.8 meters
	Ground Elevation (AMSL)	216.4 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	339 meters
	Height of Radiation Center Above Average Terrain	456 meters
	Height of Radiation Center Above Mean Sea Level	555.4 meters
	Effective Radiated Power	120 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1004100
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TFU-16WB-R C160
	Rotation	0 degrees
	Electrical Beam Tilt	0.60
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>DTV and DTS: Elevation Pattern</b>	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	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)
0	0.957	90	0.988	180	0.355	270	0.531
10	0.918	100	0.99	190	0.253	280	0.669
20	0.905	110	0.955	200	0.370	290	0.751
30	0.917	120	0.9	210	0.521	300	0.798
40	0.926	130	0.848	220	0.582	310	0.842
50	0.917	140	0.807	230	0.521	320	0.899
60	0.904	150	0.761	240	0.37	330	0.96
70	0.916	160	0.677	250	0.251	340	0.996
80	0.953	170	0.536	260	0.351	350	0.993

**Additional Azimuths**

Degree	V <sub>A</sub>
344	1.00

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></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><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></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><b>Meg Sakellarides</b> <i>Chief Financial Officer</i></p> <p>09/07/2018</p>

**Attachments**

<b>File Name</b>	<b>Uploaded By</b>	<b>Attachment Type</b>	<b>Description</b>
<u>WEDH STA Coverage Map.pdf</u>	Applicant	All Purpose	COVERAGE MAP
<u>WEDH STA Technical Summary.pdf</u>	Applicant	General Information	TECHNICAL SUMMARY