



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Engineering STA Application

File Number: **0000062899** | Submit Date: **10/16/2018** | Call Sign: **WCLF** | Facility ID: **11125** | FRN: **0005935499** | State: **Florida** | City: **CLEARWATER**

Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **10/16/2018** | Expiration Date: **04/23/2019** | Filing Status: **InActive**

### General Information

Section	Question	Response
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### Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	STA Extension
<b>Waivers</b>	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>CHRISTIAN TELEVISION CORPORATION, INC.</b> Doing Business As: CHRISTIAN TELEVISION CORPORATION, INC.	P.O. BOX 6922 CLEARWATER, FL 33758 United States	+1 (727) 535- 5622	soneal@ctntv. net	Not-for- Profit

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**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>Joseph C. Chautin , III .</b> Hardy, Carey, Chautin & Balkin, LLP	1080 W. Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com	Legal Representative
<b>Chris Mavros</b> <i>NETWORK ENGINEER</i> Christian Television Corporation	P.O. Box 6922 Clearwater, FL 33782 United States	+1 (727) 535- 5622	clmavros@yahoo. com	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	11125	
State	Florida	
City	CLEARWATER	
DTV Channel	21	
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	3

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1057473
<b>Coordinates (NAD83)</b>	Latitude	27° 49' 10.8" N+
	Longitude	082° 15' 38.0" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	485.5 meters
	Support Structure Height	440.1 meters
	Ground Elevation (AMSL)	22.9 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	409 meters
	Height of Radiation Center Above Average Terrain	409 meters
	Height of Radiation Center Above Mean Sea Level	431.9 meters
	Effective Radiated Power	300 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1002127
<b>Antenna Manufacturer and Model</b>	Manufacturer:	AND
	Model	ATW27H3-HSXCU-22H
	Rotation	0 degrees
	Electrical Beam Tilt	1.25
	Mechanical Beam Tilt	0.2
	toward azimuth	130
	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	Value	Degree	Value	Degree	Value	Degree	Value
0	.522	90	.079	180	.388	270	.700
10	.386	100	.133	190	.370	280	.827
20	.274	110	.145	200	.413	290	.930
30	.194	120	.106	210	.455	300	.986
40	.139	130	.091	220	.484	310	.996
50	.108	140	.068	230	.490	320	.966
60	.101	150	.250	240	.484	330	.898
70	.087	160	.301	250	.508	340	.796
80	.059	170	.322	260	.585	350	.667

**Additional Azimuths**

Degree	V <sub>A</sub>
307.5	1.0

**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>Robert D'Andrea</b> <i>President</i></p> <p>10/16/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<u><a href="#">WCLF STA 2nd Extension Explanation.pdf</a></u>	Applicant	General Information	STA EXTENSION EXPLANATION