



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **0000080884** | Submit Date: **09/04/2019** | Call Sign: **KUNS-TV** | Facility ID: **4624** | FRN: **0023174477** | State: **Washington** | City: **BELLEVUE**
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **09/11/2019** | 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
SINCLAIR SEATTLE LICENSEE, LLC Applicant Doing Business As: SINCLAIR SEATTLE LICENSEE, LLC	Harvey Arnold 10706 Beaver Dam Road Cockeysville, MD 21030 United States	+1 (410) 568- 1500	harnold@sbgvtv. 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
Esq Paul A. Cicelski A. Cicelski , Esq . Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6756	pcicelski@lrmansenter. com	Legal Representative
P.E John E. Hidle E. Hidle , P. E . Carl T. Jones Corporation	John E. Hidle, PE 7901 Yarnwood Court Springfield, VA 22153-2827 United States	+1 (703) 569- 7704	jhidle@ctjc.com	Technical Representative

**Channel and
Facility
Information**

Section	Question	Response
Proposed Community of License	Facility ID	4624
	State	Washington
	City	BELLEVUE
	DTV Channel	50
	Designated Market Area	Seattle-Tacoma
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	1032456
Coordinates (NAD83)	Latitude	47° 37' 55.0" N+
	Longitude	122° 21' 14.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	171.9 meters
	Support Structure Height	142.0 meters
	Ground Elevation (AMSL)	137.2 meters
Antenna Data	Height of Radiation Center Above Ground Level	148 meters
	Height of Radiation Center Above Average Terrain	244 meters
	Height of Radiation Center Above Mean Sea Level	285.2 meters
	Effective Radiated Power	193.42 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	102963
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	ATW28H3-ESC1-50H
	Rotation	125 degrees
	Electrical Beam Tilt	0.75
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
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	0.992	90	0.974	180	0.195	270	0.979
10	0.987	100	0.921	190	0.193	280	0.993
20	0.966	110	0.811	200	0.228	290	0.999
30	0.938	120	0.695	210	0.348	300	0.996
40	0.935	130	0.604	220	0.495	310	0.972
50	0.963	140	0.504	230	0.602	320	0.941
60	0.989	150	0.363	240	0.691	330	0.937
70	0.994	160	0.235	250	0.803	340	0.963
80	0.987	170	0.19	260	0.917	350	0.985

Additional Azimuths

Degree	V _A
296	1
294	1
292	1

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>Lucy Rutishauser Rutishauser <i>CFO</i></p> <p>09/04/2019</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
KUNS-TV Reduced Power STA narative.pdf	Applicant	General Information	KUNS reduced power STA narrative