



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: | Facility ID: **84410** | FRN: **0018223693** | State: **Texas** | City: **ODESSA**

Service: **DTV** | Purpose: **Engineering STA** | Status: **Pending** | Status Date: **04/14/2021** | 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	\$200.00
Total		\$200.00

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC Applicant Doing Business As: GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504- 9828	ALLFCCLMS@GRAY. TV	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  
(3)

Contact Name	Address	Phone	Email	Contact Type
<b>David Burke Burke</b> Gray Television Licensee, LLC	201 Monroe Street RSA Tower, 20th Floor Montgomery, AL 36104 United States	+1 (334) 206-1475	david.burke@gray.tv	Technical Representative
<b>Joseph M. Davis , P.E. .</b> <i>Consulting Engineer</i> Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650-9600	Joseph.Davis@RF-consultants.com	Technical Representative
<b>Joan Stewart Stewart</b> Wiley Rein LLP	1776 K Street NW Washington, DC 20006 United States	+1 (202) 719-7438	jstewart@wiley.law	Legal Representative

Channel and  
Facility  
Information

Section	Question	Response
Proposed Community of License	Facility ID	84410
	State	Texas
	City	ODESSA
	DTV Channel	30
	Designated Market Area	Odessa-Midland
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	1210156
Coordinates (NAD83)	Latitude	32° 02' 52.5" N+
	Longitude	102° 18' 12.5" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	152.1 meters
	Support Structure Height	152.1 meters
	Ground Elevation (AMSL)	893.1 meters
Antenna Data	Height of Radiation Center Above Ground Level	148 meters
	Height of Radiation Center Above Average Terrain	147 meters
	Height of Radiation Center Above Mean Sea Level	1041.1 meters
	Effective Radiated Power	37.5 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	89118
Antenna Manufacturer and Model	Manufacturer:	SBP
	Model	UP-8-MEC
	Rotation	0 degrees
	Electrical Beam Tilt	Not Applicable
	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	0.183	90	0.747	180	0.917	270	0.387
10	0.185	100	0.887	190	0.929	280	0.278
20	0.193	110	0.977	200	0.965	290	0.185
30	0.2	120	1	210	1	300	0.2
40	0.185	130	0.965	220	0.977	310	0.193
50	0.278	140	0.929	230	0.887	320	0.186
60	0.387	150	0.917	240	0.747	330	0.183
70	0.516	160	0.95	250	0.629	340	0.19
80	0.629	170	0.95	260	0.516	350	0.19

Additional Azimuths

Degree	V <sub>A</sub>
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## Certification

Section	Question	Response
General Certification Statements	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.).	
	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.	
Authorized Party to Sign	<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>	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<p><b>Robert Folliard III Folliard , III .</b>  <i>Assistant Secretary</i></p> <p>03/03/2021</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">STA Statement.pdf</a>	Applicant	General Information	STA Statement