



(REFERENCE COPY - Not for submission)

Digital Class A Engineering STA Application

File Number: **0000080398** | Submit Date: **08/16/2019** | Call Sign: **WGTV-CD** | Facility ID: **70097** | FRN: **0009330457**
State: **North Carolina** | City: **CHARLOTTE**
Service: **DCA** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **08/26/2019** | Expiration Date: **02/25/2020**
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?	Yes
	Indicate reason for fee exemption:	Non-Commercial licensee
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

Applicant	Address	Phone	Email	Applicant Type
VICTORY CHRISTIAN CENTER, INC. Doing Business As: VICTORY CHRISTIAN CENTER, INC.	Lynne Jackson P.O. BOX 16408 CHARLOTTE, NC 28297 United States	+1 (704) 602- 6028	ljackson@vccenter. net	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
(3)**

Contact Name	Address	Phone	Email	Contact Type
Robert J Clinton <i>TECHNICAL CONSULTANT</i> Cavell, Mertz & Associates, Inc.	Robert J Clinton Cavell, Mertz & Associates, Inc. 7724 Donegan Drive Manassas, VA 20109 United States	+1 (703) 392-9090	bclinton@cavellmertz.com	Technical Representative
Lynne Jackson <i>Children's Programming Coordinator</i> Victory Christian Center- WordNet	PO Box 16408 Charlotte, NC 28297 United States	+1 (704) 602-6028	ljackson@vccenter.net	Children's Programming Coordinator
Allan G. Moskowitz , Esq. . <i>Attorney</i> Allan G. Moskowitz, Esq.	Allan G. Moskowitz, Esq. 10845 Tuckahoe Way NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW. COM	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	70097
	State	North Carolina
	City	CHARLOTTE
	DCA Channel	27
	Designated Market Area	Charlotte

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1006705
Coordinates (NAD83)	Latitude	35° 21' 44.5" N+
	Longitude	081° 09' 18.3" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	592.4 meters
	Support Structure Height	575.3 meters
	Ground Elevation (AMSL)	245.6 meters
Antenna Data	Height of Radiation Center Above Ground Level	400 meters
	Height of Radiation Center Above Mean Sea Level	645.6 meters
	Effective Radiated Power	1.3 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	108069
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	AL8W-28
	Rotation	230 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
Elevation Radiation 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	
	Out-of-Channel Emission Mask:	Full Service

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.922	180	0.24	270	0.922
10	0.984	100	0.844	190	0.253	280	0.974
20	0.95	110	0.758	200	0.301	290	0.996
30	0.925	120	0.68	210	0.397	300	0.989
40	0.929	130	0.604	220	0.51	310	0.958
50	0.958	140	0.51	230	0.604	320	0.929
60	0.989	150	0.397	240	0.68	330	0.925
70	0.996	160	0.31	250	0.758	340	0.95
80	0.974	170	0.253	260	0.844	350	0.984

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>Lynne Jackson <i>general Manager</i></p> <p>08/16/2019</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
WGTB-CD STA Request_Rev.pdf	Applicant	All Purpose	STA Request