



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000024469 | Submit Date: 05/05/2017 | Call Sign: WOST | Facility ID: 60357 | FRN: 0026907345 | State: Puerto Rico | City: MAYAGUEZ

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 05/09/2017 | 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	\$190.00
Total		\$190.00

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CMCG Puerto Rico LLC Applicant Doing Business As: CMCG Puerto Rico LLC	David Wilhelm 900 Laskin Road Virginia Beach, VA 23451 United States	+1 (757) 437-9800	DWilhelm@MaxMediaLLC.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  
(3)

Contact Name	Address	Phone	Email	Contact Type
<b>Clarence M Beverage M Beverage</b> Communications Technologies, Inc.	PO Box 1130 Marlton, NJ 08053 United States	+1 (609) 451-5296	cbeverage@commtechrf.com	Technical Representative
<b>Esq Erwin G Krasnow G Krasnow , Esq .</b> Garvey Schubert Barer	1000 Potomac Street, N.W. Suite 200 Washington, DC 20007 United States	+1 (202) 965-7880	ekrasnow@gsblaw.com	Legal Representative
<b>Melodie A Virtue</b> <i>FCC Counsel</i> Garvey Schubert Barer	1000 Potomac Street, N.W. Suite 200 Washington, DC 20007-3501 United States	+1 (202) 298-2527	mvirtue@gsblaw.com	Legal Representative

Channel and  
Facility  
Information

Section	Question	Response
Proposed Community of License	Facility ID	60357
	State	Puerto Rico
	City	MAYAGUEZ
	DTV Channel	22
	Designated Market Area	NA
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?	No
	ASR Number	
Coordinates (NAD83)	Latitude	18° 18' 43.8" N+
	Longitude	067° 11' 22.6" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	28 meters
	Support Structure Height	28 meters
	Ground Elevation (AMSL)	350 meters
Antenna Data	Height of Radiation Center Above Ground Level	24.4 meters
	Height of Radiation Center Above Average Terrain	327 meters
	Height of Radiation Center Above Mean Sea Level	374.4 meters
	Effective Radiated Power	2 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	85049
Antenna Manufacturer and Model	Manufacturer:	SWR
	Model	SWEDL12BFRR/32
	Rotation	95 degrees
	Electrical Beam Tilt	1
	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	0.246	90	0.7	180	0.12	270	0.7
10	0.269	100	0.42	190	0.05	280	0.9
20	0.364	110	0.3	200	0.08	290	0.994
30	0.549	120	0.15	210	0.1	300	1
40	0.765	130	0.14	220	0.12	310	0.923
50	0.923	140	0.12	230	0.14	320	0.765
60	1	150	0.1	240	0.15	330	0.549
70	0.994	160	0.08	250	0.3	340	0.364
80	0.9	170	0.05	260	0.42	350	0.269

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	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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. 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).	
	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.	<b>David J Wilhelm J Wilhelm</b> <i>VP/Assistant Secretary</i>  05/05/2017

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WOST Request for STA to Operate with Reduced Power.pdf</u>	Applicant	General Information	Request for STA to Operate with Reduced Power