



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000053178 | Submit Date: 04/23/2018 | Call Sign: WVSN | Facility ID: 67190 | FRN: 0006610976 | State: Puerto Rico | City: HUMACAO

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 05/15/2018 | 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
LA CADENA DEL MILAGRO, INC. Applicant Doing Business As: LA CADENA DEL MILAGRO, INC.	Esteban Paredes P.O. BOX 949 CAMUY, PR 00627 United States	+1 (787) 262-5400	estebanparedes@cdminternacional.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
PE Jorge R Figueroa R Figueroa , PE . Jorge R Figueroa, PE	Jorge R Figueroa, PE PO Box 903 Saint Just, PR 00978 United States	+1 (787) 761-2833	ibs-pr@usa.net	Technical Representative
ESQ FRANCISCO R MONTERO R MONTERO , ESQ . FLETCHER, HEALD & HILDRETH, PLC	FRANCISCO R. MONTERO 1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0400	MONTERO@FHHLAW.COM	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	67190
	State	Puerto Rico
	City	HUMACAO
	DTV Channel	49
	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?	Yes
	ASR Number	1027505
Coordinates (NAD83)	Latitude	18° 16' 37.0" N+
	Longitude	065° 51' 08.0" W-
	Structure Type	LTOWER-Lattice Tower
	Overall Structure Height	81.0 meters
	Support Structure Height	81.0 meters
	Ground Elevation (AMSL)	769.0 meters
Antenna Data	Height of Radiation Center Above Ground Level	64 meters
	Height of Radiation Center Above Average Terrain	623 meters
	Height of Radiation Center Above Mean Sea Level	833.0 meters
	Effective Radiated Power	46 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	75154
Antenna Manufacturer and Model	Manufacturer:	JAM
	Model	JA/MS-AW-12
	Rotation	225 degrees
	Electrical Beam Tilt	0.5
	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	1	90	0.922	180	0.241	270	0.922
10	0.985	100	0.845	190	0.253	280	0.975
20	0.951	110	0.758	200	0.302	290	0.997
30	0.925	120	0.68	210	0.397	300	0.99
40	0.929	130	0.605	220	0.51	310	0.959
50	0.959	140	0.51	230	0.605	320	0.929
60	0.99	150	0.397	240	0.68	330	0.925
70	0.997	160	0.302	250	0.758	340	0.951
80	0.975	170	0.253	260	0.845	350	0.985

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>Esteban Paredes Paredes</b> <i>General Manager</i>  04/23/2018

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WVSN STA REQUEST EX..docx</u>	Applicant	All Purpose	Reason for Request