



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000053665** | Submit Date: **05/01/2018** | Call Sign: **KSWK** | Facility ID: **60683** | FRN: **0002322261** | State: **Kansas** | City: **LAKIN**  
Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **05/15/2018** | Expiration Date: **11/14/2018**  
Filing Status: **Active**

## General Information

Section	Question	Response
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## Fees, Waivers, and Exemptions

Section	Question	Response
Waivers	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>SMOKY HILLS PUBLIC TELEVISION CORP.</b> Doing Business As: SMOKY HILLS PUBLIC TELEVISION CORP.	Terry Cutler P.O. BOX 9 604 ELM STREET BUNKER HILL, KS 67626 United States	+1 (785) 483- 6990	tcutler@shptv. org	Not-for- Profit

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**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
<b>Terry L Cutler , Mr .</b> <i>Director of engineering</i> Smoky Hills Public Television	604 Elm Bunker Hill, KS 67626 United States	+1 (785) 483- 6990	tcutler@shptv.org	Technical Representative
<b>TODD D Gray</b> Gray, Miller, Persh LLP	1200 New Hampshire Avenue, NW Washington, DC 20036 United States	+1 (202) 776- 2914	tgray@graymillerpersh. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	60683
	State	Kansas
	City	LAKIN
	DTV Channel	8
	Designated Market Area	WICHITA-HUTCHINSON PLUS
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	2

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
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**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1032647
<b>Coordinates (NAD83)</b>	Latitude	37° 49' 40.0" N+
	Longitude	101° 06' 37.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	182.4 meters
	Support Structure Height	152.9 meters
	Ground Elevation (AMSL)	915.9 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	146 meters
	Height of Radiation Center Above Average Terrain	153 meters
	Height of Radiation Center Above Mean Sea Level	1061.9 meters
	Effective Radiated Power	33 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	68690
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	THA-C3-5H/15H-1
	Rotation	0 degrees
	Electrical Beam Tilt	0.5
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>DTV and DTS: Elevation Pattern</b>	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	0.04	90	0.908	180	0.883	270	0.883
10	0.001	100	0.933	190	0.933	280	0.933
20	0.04	110	0.883	200	0.883	290	0.908
30	0.135	120	0.833	210	0.833	300	0.834
40	0.268	130	0.891	220	0.891	310	0.72
50	0.421	140	0.984	230	0.984	320	0.577
60	0.577	150	0.984	240	0.984	330	0.421
70	0.72	160	0.891	250	0.891	340	0.268
80	0.834	170	0.833	260	0.833	350	0.135

**Additional Azimuths**

Degree	V <sub>A</sub>
315	0.652
235	1
145	1

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></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><b>Authorized Party to Sign</b></p>	<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>	
	<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><b>Terry L Cutler , Mr .</b>  <i>Director of Engineering</i></p> <p>05/01/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<u><a href="#">Need sta for KSWK due to parts not being available.docx</a></u>	Applicant	General Information	
<u><a href="#">Need sta for KSWK due to parts not being available.docx</a></u>	Applicant	Fees, Waivers and Exemptions	