



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000072914** | Submit Date: **05/17/2019** | Call Sign: **WMHT** | Facility ID: **73263** | FRN: **0006595441** | State: **New York** | City: **SCHENECTADY**  
Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **06/04/2019** | Expiration Date: **08/02/2019**  
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)?	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
<b>WMHT Educational Telecommunications</b> Doing Business As: WMHT	Robert Altman 4 Global View Troy, NY 12180 United States	+1 (518) 880- 3400	raltman@wmht. 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>W. Jeffrey Reynolds</b> <i>Technical Consultant</i> du Treil, Lundin & Rackley, Inc.	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6000	JEFF@DLR.COM	Technical Representative
<b>Melodie A. Virtue</b> <i>FCC Counsel</i> Garvey Schubert Barer	Melodie A. Virtue 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
<b>Proposed Community of License</b>	Facility ID	73263
	State	New York
	City	SCHENECTADY
	DTV Channel	34
	Designated Market Area	ALBANY-SCHENECTADY-TROY
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	1

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1231728
<b>Coordinates (NAD83)</b>	Latitude	42° 37' 31.3" N+
	Longitude	074° 00' 36.7" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	152.1 meters
	Support Structure Height	150.9 meters
	Ground Elevation (AMSL)	542.8 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	62 meters
	Height of Radiation Center Above Average Terrain	349 meters
	Height of Radiation Center Above Mean Sea Level	604.8 meters
	Effective Radiated Power	252 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1005023
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	ALP16M2-HSM-34
	Rotation	45 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	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)
0	1.0	90	0.553	180	0.322	270	0.553
10	0.988	100	0.488	190	0.305	280	0.612
20	0.954	110	0.414	200	0.261	290	0.667
30	0.907	120	0.327	210	0.215	300	0.723
40	0.848	130	0.246	220	0.203	310	0.784
50	0.784	140	0.203	230	0.246	320	0.848
60	0.723	150	0.215	240	0.327	330	0.907
70	0.667	160	0.261	250	0.414	340	0.954
80	0.612	170	0.305	260	0.488	350	0.988

**Additional Azimuths**

Degree	V <sub>A</sub>
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**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>Robert Altman</b> <i>President and CEO</i></p> <p>05/17/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>WMHT STA Coverage Map.pdf</u></a>	Applicant	All Purpose	WMHT STA PREDICTED COVERAGE CONTOURS
<a href="#"><u>WMHT STA Technical Summary.pdf</u></a>	Applicant	All Purpose	WMHT STA TECHNICAL SUMMARY