



(REFERENCE COPY - Not for submission)

Amendment to a DTV Experimental STA Application

File Number: **0000086377** | Submit Date: **12/26/2019** | Call Sign: **WKAR-TV** | Facility ID: **6104** | FRN: **0007619026** | State: **Michigan** | City: **EAST LANSING**

Service: **DTV** | Purpose: **Experimental STA Amendment** | Status: **Dismissed** | Status Date: **01/29/2020** | Filing Status: **InActive**

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
BOARD OF TRUSTEES, MICHIGAN STATE UNIVERSITY Doing Business As: BOARD OF TRUSTEES, MICHIGAN STATE UNIVERSITY	Susanne Elkins, Director of Broadcasting WKAR-AM/FM/TV 404 WILSON RD, ROOM 212 EAST LANSING, MI 48824 United States	+1 (517) 884-4700	susi@wkar. org	Private Not-for-Profit Educational Institution

Contact
Representatives
(4)

Contact Name	Address	Phone	Email	Contact Type
Nakia Barr <i>Secretary of the Board of Trustees</i> Michigan State University	426 Auditorium Road Room 494 EAST LANSING, MI 48824 United States	+1 (517) 884-8431	nwhite@msu.edu	Authorized Representative
Jonathan Cohen <i>Legal Counsel</i> Wilkinson Barker Knauer LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3416	jcohen@wbklaw.com	Legal Representative
Susanne Elkins <i>Director of Broadcasting</i> WKAR Michigan State University	Susanne Elkins, Director of Broadcasting 404 Wilson Rd. Room 212 East Lansing, MI 48824 United States	+1 (517) 884-4770	susi@wkar.org	Director of Broadcasting
Benjamin Pidek , P.E . <i>Consulting Engineer</i> Mid-State Consultants	6197 Miller Rd., Suite 1 Swartz Creek, MI 48473 United States	+1 (810) 226-0750	bpidek@mscon.com	Technical Representative

Channel and
Facility
Information

Section	Question	Response
Proposed Community of License	Facility ID	6104
	State	Michigan
	City	EAST LANSING
	DTV Channel	33
	Designated Market Area	LANSING
Facility Type	Facility Type	Noncommercial Educational
	Station Type	Main
Zone	Zone	1

Antenna Location
Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1265362
Coordinates (NAD83)	Latitude	42° 42' 06.9" N+
	Longitude	084° 24' 47.8" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	313.3 meters
	Support Structure Height	297.8 meters
	Ground Elevation (AMSL)	259.1 meters
Antenna Data	Height of Radiation Center Above Ground Level	304.3 meters
	Height of Radiation Center Above Average Terrain	296 meters
	Height of Radiation Center Above Mean Sea Level	563.4 meters
	Effective Radiated Power	376 kW

Antenna
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1006157
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	ATW19HS4-ETC170-33H
	Rotation	0 degrees
	Electrical Beam Tilt	1
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
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	0.94	90	0.245	180	0.94	270	0.899
10	0.854	100	0.232	190	0.987	280	0.9
20	0.733	110	0.207	200	1	290	0.905
30	0.588	120	0.218	210	0.988	300	0.917
40	0.437	130	0.302	220	0.963	310	0.936
50	0.302	140	0.437	230	0.936	320	0.963
60	0.218	150	0.588	240	0.917	330	0.988
70	0.207	160	0.733	250	0.905	340	1
80	0.232	170	0.854	260	0.9	350	0.987

Additional Azimuths

Degree	V _A
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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	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID 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.	Nakia Barr <i>Secretary of the Board of Trustees</i> 12/26/2019

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>Statement Supporting Amendment to WKAR Experimental STA Extension Request (26Dec2019) - 4811-1150-4047.1.pdf</u>	Applicant	Amendment	12/26/2019 Supporting Statement
<u>WKAR-TV Experimental STA Extension Request).pdf</u>	Applicant	General Information	Supporting Statement