



(REFERENCE COPY - Not for submission)

Request to Extend a DTV Engineering STA Application

File Number: **0000095256** | Submit Date: **01/06/2020** | Call Sign: **WEDW** | Facility ID: **13594** | FRN: **0003574662** | State: **Connecticut** | City: **STAMFORD**
Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **01/07/2020** | Expiration Date: **07/22/2020**
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
CONNECTICUT PUBLIC BROADCASTING, INC.	Meg Sakellarides 1049 ASYLUM AVENUE HARTFORD, CT 06105 United States	+1 (860) 278- 5310	msakellarides@cptv. org	Not-for- Profit

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
Kevin Fisher <i>Technical Consultant</i> Smith and Fisher, LLC	4791 Wintergreen Court Woodbridge, VA 22192 United States	+1 (703) 505- 1751	kevin@smithandfisher. com	Technical Representative
Melodie A. Virtue , Esq . <i>FCC Counsel</i> Foster Garvey PC	Melodie A. Virtue 1000 Potomac Street, N. W. Suite 200 Washington, DC 20007 United States	+1 (202) 298- 2527	melodie.virtue@foster. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	13594
	State	Connecticut
	City	STAMFORD
	DTV Channel	21
	Designated Market Area	NEW YORK
Facility Type	Facility Type	Noncommercial Educational
	Station Type	Main
Zone	Zone	1

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
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Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1205267
Coordinates (NAD83)	Latitude	41° 16' 44.3" N+
	Longitude	073° 11' 06.4" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	149.7 meters
	Support Structure Height	140.2 meters
	Ground Elevation (AMSL)	158.5 meters
Antenna Data	Height of Radiation Center Above Ground Level	100 meters
	Height of Radiation Center Above Average Terrain	173.6 meters
	Height of Radiation Center Above Mean Sea Level	258.5 meters
	Effective Radiated Power	200 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1006187
Antenna Manufacturer and Model	Manufacturer:	Dielectric
	Model	TFU-12DSB-R J
	Rotation	0 degrees
	Electrical Beam Tilt	1.0
	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	0.371	90	0.855	180	0.483	270	0.761
10	0.349	100	0.736	190	0.510	280	0.594
20	0.435	110	0.599	200	0.599	290	0.435
30	0.594	120	0.510	210	0.726	300	0.349
40	0.761	130	0.483	220	0.855	310	0.371
50	0.897	140	0.499	230	0.953	320	0.441
60	0.980	150	0.520	240	0.998	330	0.489
70	0.998	160	0.520	250	0.980	340	0.489
80	0.953	170	0.499	260	0.897	350	0.441

Additional Azimuths

Degree	V _A
68	1.000

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>Meg Sakellarides <i>Chief Financial Officer</i></p> <p>01/06/2020</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
WEDW Request to Extend STA.pdf	Applicant	General Information	Request to Extend STA