



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Engineering STA Application

File Number: **0000118332** | Submit Date: **07/23/2020** | Call Sign: **WFUT-DT** | Facility ID: **60555** | FRN: **0005414917**  
State: **New Jersey** | City: **NEWARK**  
Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **08/04/2020** | Expiration Date: **01/23/2021**  
Filing Status: **InActive**

### General Information

Section	Question	Response
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### Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
<b>Waivers</b>	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
STA Extension	MGT	\$200.00
<b>Total</b>		<b>\$200.00</b>

**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>UNIVISION NEW YORK LLC</b> Doing Business As: UNIVISION NEW YORK LLC	CHRISTOPHER G. WOOD 5999 CENTER DRIVE LOS ANGELES, CA 90045 United States	+1 (310) 348- 3600	CWOOD@UNIVISION. NET	Limited Liability Company

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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  
(1)**

Contact Name	Address	Phone	Email	Contact Type
<b>MATTHEW S. DELNERO</b> COVINGTON & BURLING LLP	ONE CITYCENTER 850 TENTH STREET, NW WASHINGTON, DC 20001 United States	+1 (202) 662- 5543	MDELNERO@COV. COM	Legal Representative

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**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	60555
	State	New Jersey
	City	NEWARK
	DTV Channel	26
	Designated Market Area	New York
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	1

**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	1007048
<b>Coordinates (NAD83)</b>	Latitude	40° 44' 54.0" N+
	Longitude	073° 59' 09.0" W-
	Structure Type	B-Building
	Overall Structure Height	443.0 meters
	Support Structure Height	381.0 meters
	Ground Elevation (AMSL)	15.5 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	395 meters
	Height of Radiation Center Above Average Terrain	397 meters
	Height of Radiation Center Above Mean Sea Level	410.5 meters
	Effective Radiated Power	195 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Non-Directional
	Do you have an Antenna ID?	
	Antenna ID	1005260
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TUF-C3-8/24U-2-S
	Rotation	0 degrees
	Electrical Beam Tilt	1
	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	

**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>Christopher G. Wood</b>  <i>SVP ASSOC GEN COUN            GOV AND REG AFF</i></p> <p>07/23/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<u><a href="#">WFUT-DT STA Extension Request (Narrative) July 22 2020.pdf</a></u>	Applicant	General Information	WFUT-DT STA Extension Narrative