



(REFERENCE COPY - Not for submission)

## Channel Substitution/Community of License Change

File Number: **0000176845** | Submit Date: **12/06/2021** | Call Sign: **KOSA-TV** | Facility ID: **6865** | FRN: **0018223693** | State: **Texas** | City: **ODESSA**

Service: **DTV** | Purpose: **Rule Making** | Status: **Pending** | Status Date: **12/06/2021** | Filing Status: **Active**

### General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>GRAY TELEVISION LICENSEE, LLC</b> Doing Business As: KOSA-TV	4370 Peachtree Road, NE Atlanta, GA 30319 United States	+1 (404) 504-9828	ALLFCCLMS@GRAY.TV	Limited Liability Company

#### 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  
(3)**

Contact Name	Address	Phone	Email	Contact Type
<b>David Burke</b> <i>Senior Vice President and CTO</i> Gray Television Licensee, LLC	David Burke 201 Monroe Street RSA Tower, 20th Floor Montgomery, AL 23692 United States	+1 (334) 206- 1475	david.burke@gray.tv	Technical Representative
<b>Joseph M. Davis , P.E. .</b> <i>Consulting Engineer</i> Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650- 9600	Joseph.Davis@RF- consultants.com	Technical Representative
<b>Joan Stewart</b> <i>Attorney At Law</i> Wiley Rein LLP	Joan Stewart 1776 K Street NW Washington, DC 20006 United States	+1 (202) 719- 7438	JStewart@wileyrein.com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	6865
	State	Texas
	City	ODESSA
	DTV Channel	31
	Designated Market Area	Odessa-Midland
<b>Zone</b>	Zone	2

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
-------------	-----------	------	-------

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1233693
<b>Coordinates (NAD83)</b>	Latitude	31° 51' 50.8" N+
	Longitude	102° 34' 42.5" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	222.5 meters
	Support Structure Height	198.3 meters
	Ground Elevation (AMSL)	955.6 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	208.8 meters
	Height of Radiation Center Above Average Terrain	225.5 meters
	Height of Radiation Center Above Mean Sea Level	1164.4 meters
	Effective Radiated Power	500 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1008993
<b>Antenna Manufacturer and Model</b>	Manufacturer:	ERI
	Model	ATW28H2-ETWCx-30/31H
	Rotation	70 degrees
	Electrical Beam Tilt	0.5
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
<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	0.893	90	0.981	180	0.488	270	0.981
10	0.896	100	0.944	190	0.500	280	0.998
20	0.904	110	0.889	200	0.536	290	0.998
30	0.919	120	0.819	210	0.592	300	0.984
40	0.940	130	0.741	220	0.663	310	0.963
50	0.963	140	0.663	230	0.741	320	0.940
60	0.984	150	0.592	240	0.819	330	0.919
70	0.998	160	0.536	250	0.889	340	0.904
80	0.998	170	0.500	260	0.944	350	0.896

**Additional Azimuths**

Degree	V <sub>A</sub>
75	1.000
285	1.000

**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 Folliard , III .</b>  <i>Assistant Secretary</i></p> <p>12/06/2021</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KOSA Petition for Rulemaking.pdf</a>	Applicant	All Purpose	Petition for Rulemaking
<a href="#">KOSA-TV Ch-31 rulemaking ENG Statement 11-11-2021.pdf</a>	Applicant	All Purpose	KOSA-TV Ch-31 engineering exhibits