



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000074707** | Submit Date: **06/13/2019** | Call Sign: **KAUT-TV** | Facility ID: **50182** | FRN: **0022824668** | State: **Oklahoma** | City: **OKLAHOMA CITY**  
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **06/18/2019** | Expiration Date: |  
 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
Engineering STA	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>TRIBUNE BROADCASTING OKLAHOMA CITY LICENSE,LLC</b> <b>Applicant</b> Doing Business As: TRIBUNE BROADCASTING OKLAHOMA CITY LICENSE,LLC	Nick Thompson 444 EAST BRITTON ROAD OKLAHOMA, OK 73114 United States	+1 (405) 478-6290	nick. thompson@kfor. com	Other

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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  
(3)**

Contact Name	Address	Phone	Email	Contact Type
<b>Louis R duTreil , Jr .</b> <i>Technical Consultant</i> duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329-6004	bobjr@DLR.com	Technical Consultant
<b>Jason Roberts Roberts</b> Tribune Media Company	Jason Roberts 303 E. Wacker Drive Suite 1700 Chicago, IL 60601 United States	+1 (312) 222-3894	jroberts@tribunemedia. com	Legal Representative
<b>Nick Thompson Thompson</b> TRIBUNE BROADCASTING OKLAHOMA CITY LICENSE,LLC	Nick Thompson 444 EAST BRITTON ROAD OKLAHOMA, OK 73114 United States	+1 (405) 478-6290	nick.thompson@kfor. com	Technical Representative

**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	50182
	State	Oklahoma
	City	OKLAHOMA CITY
	DTV Channel	19
	Designated Market Area	Oklahoma City
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	2

**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	1253490
<b>Coordinates (NAD83)</b>	Latitude	35° 33' 36.9" N+
	Longitude	097° 29' 07.6" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	489.0 meters
	Support Structure Height	489.0 meters
	Ground Elevation (AMSL)	349.0 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	470 meters
	Height of Radiation Center Above Average Terrain	465 meters
	Height of Radiation Center Above Mean Sea Level	819.0 meters
	Effective Radiated Power	60 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Non-Directional
	Do you have an Antenna ID?	
	Antenna ID	1005123
<b>Antenna Manufacturer and Model</b>	Manufacturer:	RFS
	Model	PEPL65D
	Rotation	
	Electrical Beam Tilt	0.75
	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	

**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>Wes Milbourn Milbourn</b>  <i>Vice President/General Manager</i></p> <p>06/13/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>KAUT TV 19 STA Contour Map.pdf</u></a>	Applicant	All Purpose	PREDICTED COVERAGE CONTOURS
<a href="#"><u>KAUT TV 19 STA RF Hazard Statement.pdf</u></a>	Applicant	All Purpose	RF HAZARD STATEMENT
<a href="#"><u>KAUT TV 19 STA Technical Summary.pdf</u></a>	Applicant	General Information	TECHNICAL SUMMARY