



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000075969 | Submit Date: 07/05/2019 | Call Sign: WEO | Facility ID: 49421 | FRN: 0002940336 | State: Ohio | City: AKRON

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 07/16/2019 | Expiration Date:

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
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO, INC. Applicant Doing Business As: NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO, INC.	Trina Cutter 1750 CAMPUS CENTER DRIVE P.O. BOX 5191 KENT, OH 44240 United States	+1 (330) 677-4549	tcutter@westernreservepublicmedia.org	Other

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
ANTHONY DENNIS DENNIS NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO, INC.	ANTHONY DENNIS 1750 CAMPUS CENTER DR KENT, OH 44240 United States	+1 (330) 677- 4549	ADENNIS@WESTERNRESERVEPUBLICMEDIA. ORG	Technical Representative
Derek Teslik Teslik GRAY MILLER PERSH LLP	2233 Wisconsin Avenue, NW #226 Washington, DC 20007- 4119 United States	+1 (202) 559- 7489	dteslik@graymillerpersh.com	Legal Representative
ANTHONY DENNIS C Wilhour NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO, INC.	1750 CAMPUS CENTER DR KENT, OH 44240 United States	+1 (330) 677- 4549	test@fcc.gov	Technical Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	49421
	State	Ohio
	City	AKRON
	DTV Channel	24
	Designated Market Area	CLEVELAND-AKRON (CANTON)
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	1018464
Coordinates (NAD83)	Latitude	41° 04' 58.0" N+
	Longitude	081° 38' 01.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	281.9 meters
	Support Structure Height	265.5 meters
	Ground Elevation (AMSL)	341.4 meters
Antenna Data	Height of Radiation Center Above Ground Level	193.5 meters
	Height of Radiation Center Above Average Terrain	303.4 meters
	Height of Radiation Center Above Mean Sea Level	534.9 meters
	Effective Radiated Power	550 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1005207
Antenna Manufacturer and Model	Manufacturer:	Electronics Research Inc
	Model	ALP24M2-HSOC-24
	Rotation	354 degrees
	Electrical Beam Tilt	0.5
	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	1.000	90	0.668	180	0.676	270	0.668
10	0.994	100	0.631	190	0.672	280	0.715
20	0.978	110	0.609	200	0.659	290	0.767
30	0.951	120	0.602	210	0.642	300	0.820
40	0.915	130	0.608	220	0.623	310	0.871
50	0.871	140	0.623	230	0.608	320	0.915
60	0.820	150	0.642	240	0.602	330	0.951
70	0.767	160	0.659	250	0.609	340	0.978
80	0.715	170	0.672	260	0.631	350	0.994

Additional Azimuths

Degree	V <sub>A</sub>
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## Certification

Section	Question	Response
<b>General Certification Statements</b>	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.	
<b>Authorized Party to Sign</b>	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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.	<b>Trina Cutter Cutter</b> <i>President and CEO</i>  07/05/2019

Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">WEAO Engineering STA Narrative.pdf</a>	Applicant	General Information	WEAO Engineering STA Narrative