



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Engineering STA Application

File Number: **0000121111** | Submit Date: **09/03/2020** | Call Sign: **WABM** | Facility ID: **16820** | FRN: **0003180684** | State: **Alabama** | City: **BIRMINGHAM**  
 Service: **DTV** | Purpose: **STA Extension** | Status: **Dismissed** | Status Date: **01/26/2021** | 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>BIRMINGHAM (WABM-TV) LICENSEE, INC.</b> Doing Business As: BIRMINGHAM (WABM-TV) LICENSEE, INC.	Harvey Arnold 10706 Beaver Dam Road Cockeysville, MD 21030 United States	+1 (410) 568-1500	FCCContacts@sbgvtv. com	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>Paul A Cicelski</b> <i>Attorney</i> Lerman Senter PLLC	Paul Cicelski 2001 L Street, NW, Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6756	pcicelski@lermansenter. com	Legal Representative

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**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	16820
	State	Alabama
	City	BIRMINGHAM
	DTV Channel	20
	Designated Market Area	Birmingham (Ann and Tusc)
<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	1226663
<b>Coordinates (NAD83)</b>	Latitude	33° 29' 04.8" N+
	Longitude	086° 48' 25.2" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	335.9 meters
	Support Structure Height	291.4 meters
	Ground Elevation (AMSL)	288.6 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	182.9 meters
	Height of Radiation Center Above Average Terrain	277.4 meters
	Height of Radiation Center Above Mean Sea Level	471.5 meters
	Effective Radiated Power	102.6 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1007276
<b>Antenna Manufacturer and Model</b>	Manufacturer:	Dielectric
	Model	TFU-8WB/VP-R C160
	Rotation	180 degrees
	Electrical Beam Tilt	1.05
	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	.817	90	.904	180	.695	270	.901
10	.832	100	.859	190	.653	280	.936
20	.874	110	.789	200	.545	290	.968
30	.928	120	.681	210	.437	300	.992
40	.974	130	.544	220	.433	310	.995
50	.998	140	.433	230	.544	320	.972
60	.996	150	.437	240	.681	330	.927
70	.973	160	.545	250	.789	340	.874
80	.940	170	.653	260	.858	350	.832

**Additional Azimuths**

Degree	V <sub>A</sub>
54	1.0
215	.417
145	.417

**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>Lucy Rutishauser</b> <i>CFO</i></p> <p>09/03/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">WABM Request for Extension of Interim Facilities STA.pdf</a>	Applicant	All Purpose	