



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000144104 | Submit Date: 04/27/2021 | Call Sign: KPXG-TV | Facility ID: 5801 | FRN: 0001808468 | State: Oregon | City: SALEM

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 04/30/2021 | Expiration Date:

Filing Status: Active

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	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
Total		\$200.00

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
ION TELEVISION LICENSE, LLC Applicant Doing Business As: ION TELEVISION LICENSE, LLC	601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401 United States	+1 (561) 682- 4110	bianca. frye@scripps.com	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
Jason Balough Balough The E.W. Scripps Company	14444 66th Street N Clearwater, FL 33764 United States	+1 (727) 533- 2723	jason.balough@scripps. com	Technical Representative
David Giles Giles The E.W. Scripps Company	David Giles 312 Walnut Street Cincinnati, OH 45202 United States	+1 (513) 977- 3891	dave.giles@scripps. com	Legal Representative
Henry Wendel Cooley LLP	Henry Wendel 1299 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004 United States	+1 (202) 776- 2943	hwendel@cooley.com	Legal Representative

Channel and  
Facility  
Information

Section	Question	Response
Proposed Community of License	Facility ID	5801
	State	Oregon
	City	SALEM
	DTV Channel	22
	Designated Market Area	Portland OR
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Antenna Location  
Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1204059
Coordinates (NAD83)	Latitude	45° 31' 20.5" N+
	Longitude	122° 44' 49.5" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	282.2 meters
	Support Structure Height	250.2 meters
	Ground Elevation (AMSL)	342.3 meters
Antenna Data	Height of Radiation Center Above Ground Level	199.65 meters
	Height of Radiation Center Above Average Terrain	466.31 meters
	Height of Radiation Center Above Mean Sea Level	541.95 meters
	Effective Radiated Power	800 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1008130
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-24WB/VP-R C160
	Rotation	0 degrees
	Electrical Beam Tilt	.50
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
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	0.785	90	0.887	180	0.969	270	0.555
10	0.854	100	0.848	190	0.936	280	0.662
20	0.897	110	0.833	200	0.901	290	0.703
30	0.932	120	0.847	210	0.856	300	0.661
40	0.964	130	0.887	220	0.785	310	0.555
50	0.989	140	0.936	230	0.678	320	0.447
60	0.994	150	0.978	240	0.544	330	0.439
70	0.975	160	0.999	250	0.439	340	0.545
80	0.935	170	0.994	260	0.447	350	0.679

Additional Azimuths

Degree	V <sub>A</sub>
162	1
161	1

## Certification

Section	Question	Response
General Certification Statements	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.	
Authorized Party to Sign	<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>James Collins Collins</b> <i>VP, Station Operations</i>  04/27/2021

Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KPXG Salem OR Engineering Exhibit.pdf</a>	Applicant	All Purpose	Engineering Exhibit
<a href="#">KPXG Salem OR STA Exhibit.pdf</a>	Applicant	All Purpose	STA Exhibit