



(REFERENCE COPY - Not for submission)

# DTV Engineering STA Application

File Number: **0000158566** | Submit Date: **09/03/2021** | Call Sign: **KILM** | Facility ID: **63865** | FRN: **0003720042** | State: **California** | City: **INGLEWOOD**

Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **09/17/2021** | Expiration Date:

Filing Status: **Active**

General Information

Section	Question	Response
---------	----------	----------

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	MPV	\$270.00
Total		\$270.00

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ION MEDIA LICENSE COMPANY, LLC Applicant Doing Business As: ION MEDIA LICENSE COMPANY, LLC	Legal Department 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  
(2)

Contact Name	Address	Phone	Email	Contact Type
<b>James Collins Collins</b> The E.W. Scripps Company	James Collins 14444 66th Street North Clearwater, FL 33764 United States	+1 (727) 479- 1102	Jim.Collins@scripps. com	Technical Representative
<b>David Giles Giles</b> 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

Channel and  
Facility  
Information

Section	Question	Response
Proposed Community of License	Facility ID	63865
	State	California
	City	INGLEWOOD
	DTV Channel	24
	Designated Market Area	Los Angeles
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	1036897
Coordinates (NAD83)	Latitude	34° 13' 36.0" N+
	Longitude	118° 04' 02.2" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	64.0 meters
	Support Structure Height	46.0 meters
	Ground Elevation (AMSL)	1734.3 meters
Antenna Data	Height of Radiation Center Above Ground Level	38.10 meters
	Height of Radiation Center Above Average Terrain	900.24 meters
	Height of Radiation Center Above Mean Sea Level	1772.40 meters
	Effective Radiated Power	156 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1008647
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-8WB-R C160
	Rotation	0 degrees
	Electrical Beam Tilt	1.05
	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	.672	90	.877	180	.805	270	.918
10	.671	100	.916	190	.805	280	.876
20	.590	110	.952	200	.837	290	.820
30	.470	120	.982	210	.890	300	.732
40	.404	130	.966	220	.946	310	.607
50	.471	140	.983	230	.986	320	.472
60	.609	150	.943	240	1	330	.406
70	.735	160	.888	250	.987	340	.471
80	.822	170	.836	260	.955	350	.591

Additional Azimuths

Degree	V <sub>A</sub>
--------	----------------

## 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>  09/03/2021

Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">2021-09-02 KPXN KILM STA Engineering Exhibit.pdf</a>	Applicant	General Information	Engineering Exhibit
<a href="#">2021-09-02 KPXN KILM STA Exhibit.pdf</a>	Applicant	All Purpose	STA Exhibit