



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Experimental STA Application

File Number: **0000160325** | Submit Date: **09/24/2021** | Call Sign: **WKAR-TV** | Facility ID: **6104** | FRN: **0007619026** | State: **Michigan** | City: **EAST LANSING**  
Service: **DTV** | Purpose: **Experimental STA Extension** | Status: **Granted** | Status Date: **05/26/2022** | Expiration Date: **06/11/2023** | Filing Status: **Active**

## 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
<b>BOARD OF TRUSTEES, MICHIGAN STATE UNIVERSITY</b> Doing Business As: BOARD OF TRUSTEES, MICHIGAN STATE UNIVERSITY	Susanne Elkins, Director of Broadcasting WKAR-AM/FM/TV 404 WILSON RD, ROOM 212 EAST LANSING, MI 48824 United States	+1 (517) 884-4700	susi@wkar. org	Private Not-for-Profit Educational Institution

**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>Jonathan Cohen</b> Wilkinson Barker Knauer LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3416	joncohen@wbklaw. com	Legal Representative
<b>Susanne Elkins</b> <i>Director of Broadcasting</i> WKAR Michigan State University	Susanne Elkins, Director of Broadcasting 404 Wilson Rd. Room 212 East Lansing, MI 48824 United States	+1 (517) 884- 4770	susi@wkar.org	Director of Broadcasting

**Channel and  
Facility  
Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Proposed Community of License</b>	Facility ID	6104
	State	Michigan
	City	EAST LANSING
	DTV Channel	35
	Designated Market Area	LANSING
<b>Facility Type</b>	Facility Type	Noncommercial Educational
	Station Type	Main
<b>Zone</b>	Zone	1

**Antenna Location  
Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	--
	Longitude	--
	Structure Type	
	Overall Structure Height	
	Support Structure Height	
	Ground Elevation (AMSL)	
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	
	Height of Radiation Center Above Average Terrain	
	Height of Radiation Center Above Mean Sea Level	0.0 meters
	Effective Radiated Power	

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	
	Do you have an Antenna ID?	
	Antenna ID	
<b>Antenna Manufacturer and Model</b>	Manufacturer:	
	Model	
	Rotation	
	Electrical Beam Tilt	
	Mechanical Beam Tilt	
	toward azimuth	
	Polarization	
<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?	
	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>Jacquelynn Kittel</b>  <i>Assistant General Counsel</i></p> <p>09/24/2021</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>Supporting Statement for WKAR Application for Experimental STA Extension (24Sep2021) - 4839-3371-8780.1.docx</u></a>	Applicant	General Information	Supporting Statement
<a href="#"><u>WKAR-TV STA Extension 5.26.22 Release.pdf</u></a>	Internal	All Purpose	