



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: **0000221771** | Submit Date: **10/02/2023** | Call Sign: **KSBY** | Facility ID: **19654** | FRN: **0002710192** | State: **California** | City: **SAN LUIS OBISPO**
 Service: **DTV** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **10/05/2023** | Expiration Date: **04/04/2024**
 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	\$300.00
Total		\$300.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SCRIPPS BROADCASTING HOLDINGS LLC Doing Business As: SCRIPPS MEDIA, INC	David Giles C/O SCRIPPS MEDIA, INC. 312 Walnut St., 28th Floor Cincinnati, OH 45202 United States	+1 (513) 977- 3000	dave. giles@scripps. com	Limited Liability Company

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
Christina Burrow Cooley LLP	1299 Pennsylvania Avenue NW Suite 700 WASHINGTON, DC 20004 United States	+1 (202) 776- 2687	cburrow@cooley. com	Legal Representative
Benjamin Pidek , P.E . <i>Consulting Engineer</i> Ben Pidek Consulting, LLC	7670 Coventry Dr. Temperance, MI 48182 United States	+1 (810) 771- 8430	ben@bpcon.net	Technical Representative

**Channel and
Facility
Information**

Section	Question	Response
Proposed Community of License	Facility ID	19654
	State	California
	City	SAN LUIS OBISPO
	DTV Channel	15
	Designated Market Area	SantaBarbra-SanMar-SanLuOb
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	1018365
Coordinates (NAD83)	Latitude	35° 21' 37.2" N+
	Longitude	120° 39' 21.1" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	141.1 meters
	Support Structure Height	122.5 meters
	Ground Elevation (AMSL)	745.2 meters
Antenna Data	Height of Radiation Center Above Ground Level	112 meters
	Height of Radiation Center Above Average Terrain	515 meters
	Height of Radiation Center Above Mean Sea Level	857.2 meters
	Effective Radiated Power	15.0 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	105044
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU22DSC-R BP285
	Rotation	0 degrees
	Electrical Beam Tilt	1.75
	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	0.479	90	0.185	180	0.997	270	0.382
10	0.312	100	0.181	190	0.977	280	0.536
20	0.202	110	0.184	200	0.872	290	0.71
30	0.184	120	0.202	210	0.71	300	0.872
40	0.181	130	0.312	220	0.536	310	0.977
50	0.185	140	0.479	230	0.382	320	0.997
60	0.19	150	0.663	240	0.282	330	0.946
70	0.193	160	0.828	250	0.247	340	0.828
80	0.19	170	0.946	260	0.282	350	0.663

Additional Azimuths

Degree	V _A
317	1
183	1

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>David Giles <i>VP, Deputy General Counsel</i></p> <p>10/02/2023</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
KSBY STA EngSta 9-26-23.pdf	Applicant	General Information	Explanation for STA Request