



(REFERENCE COPY - Not for submission)

# Request to Extend an Analog LPTV Engineering STA Application

File Number: **0000004664** | Submit Date: **09/21/2015** | Call Sign: **K51JF** | Facility ID: **2555** | FRN: **0026907329** | State: **Texas** | City: **SAN ANTONIO**  
 Service: **LPA** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **09/22/2015** | Expiration Date: **03/27/2016**

Filing Status: **Active**

**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	MGL	190.0
<b>Total</b>		<b>190.0</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>MINTZ BROADCASTING Applicant</b> Doing Business As: MINTZ BROADCASTING	518 PEOPLES ST CORPUS CHRISTI, TX 78401 United States	+1 (361) 883- 1763	MINICK@SWBELL. NET	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>LEE PENTZMAN</b> SHAINIS & PELTZMAN	1800 M STREET, N.W. SUITE 240 WASHINGTON, DC 20036 United States	+1 (202) 293- 0569	LEE@S-PLAW.COM	Legal Representative
<b>JIMMY WILKEN</b> <i>ENGINEER</i> MAKO COMMUNICATIONS	3406 BRAWNER PARKWAY CORPUS CHRISTI, TX 78411 United States	+1 (361) 249- 0993	JIMWILKEN@SWBELL. NET	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Proposed Community of License	Facility ID	2555
	State	Texas
	City	SAN ANTONIO
	LPA Channel	51

**Antenna Location Data**

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1214327
Coordinates (NAD83)	Latitude	29° 26' 29.9" N+
	Longitude	098° 30' 22.8" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	152.0 meters
	Support Structure Height	152.0 meters
	Ground Elevation (AMSL)	207.2 meters
Antenna Data	Height of Radiation Center Above Ground Level	150 meters
	Height of Radiation Center Above Mean Sea Level	357.2 meters
	Effective Radiated Power	6.5 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Off the Shelf
	Do you have an Antenna ID?	Yes
	Antenna ID	16985
<b>Antenna Manufacturer and Model</b>	Manufacturer:	AND
	Model	ALP8L1-HSOC
	Rotation	230 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<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	
	Frequency Offset:	Positive

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)
0	1	90	0.668	180	0.676	270	0.668
10	0.994	100	0.631	190	0.672	280	0.715
20	0.978	110	0.609	200	0.659	290	0.767
30	0.951	120	0.602	210	0.642	300	0.82
40	0.915	130	0.608	220	0.623	310	0.871
50	0.871	140	0.623	230	0.608	320	0.915
60	0.82	150	0.642	240	0.602	330	0.951
70	0.767	160	0.659	250	0.609	340	0.978
80	0.715	170	0.672	260	0.631	350	0.994

**Additional Azimuths**

Degree	V <sub>A</sub>
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**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>AMANDA MINTZ</b> <i>MEMBER</i></p> <p>09/21/2015</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>K51JF STA Extension Extenuating Circumstances.pdf</u></a>	Applicant	General Information	EXTENUATING CIRCUMSTANCES