



(REFERENCE COPY - Not for submission)

# Analog LPTV Engineering STA Application

File Number: **0000094402** | Submit Date: **12/30/2019** | Call Sign: **KHHI-LP** | Facility ID: **52919** | FRN: **0016497828** | State: **Hawaii** | City: **HONOLULU**  
 Service: **LPA** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **01/21/2020** | Expiration Date: |  
 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
Engineering STA	MGL	\$200.00
<b>Total</b>		<b>\$200.00</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>U.S. TELEVISION, L.L.C.</b> Doing Business As: U.S. TELEVISION, L.L.C.	P.O. BOX 3041 JENA, LA 71342 United States	+1 (318) 992- 7766	DEANMOSELY@CENTURYTEL. NET	Limited Liability Company

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**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>Jim McDonaldd</b> <i>ENGINEERING CONSULTANT</i> B. W. St. Clair	117 East Eleventh St. Loveland, CO 80537 United States	+1 (970) 593- 8443	jim@windriverbroadcast. com	Technical Representative
<b>DEAN M. MOSELY</b> U.S. TELEVISION LLC	P.O. BOX 3045 JENA, LA 71342 United States	+1 (318) 992- 7766	DEAN137@CENTURYTEL. NET	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	52919	
State	Hawaii	
City	HONOLULU	
LPA Channel	36	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
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**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	21° 19' 34.6" N+
	Longitude	157° 53' 08.2" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	15 meters
	Support Structure Height	15 meters
	Ground Elevation (AMSL)	1 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	14 meters
	Height of Radiation Center Above Mean Sea Level	15 meters
	Effective Radiated Power	0.1 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	20778
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	CL-1469
	Rotation	300 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:	None

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.01	180	0.01	270	0.01
10	0.947	100	0.01	190	0.01	280	0.01
20	0.812	110	0.01	200	0.01	290	0.01
30	0.622	120	0.01	210	0.01	300	0.01
40	0.361	130	0.01	220	0.01	310	0.086
50	0.086	140	0.01	230	0.01	320	0.361
60	0.01	150	0.01	240	0.01	330	0.622
70	0.01	160	0.01	250	0.01	340	0.812
80	0.01	170	0.01	260	0.01	350	0.947

**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>Dean M. Mosely</b> <i>Member/Manager</i></p> <p>12/30/2019</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KHHI LD 36 MICRO Engineering Exhibit Dec2019.pdf</a>	Applicant	All Purpose	KHHI STA Statement