

# Federal Communications Communications COPY - Not for submission) Lisconson Lisconson

# License To Cover for LPTV Station Application

 File Number:
 OUDOB695
 Submit Date:
 11/30/2015
 Call Sign:
 W20DU-D
 Facility ID:
 184440
 FRN:
 0026663708

 State:
 Wisconsin
 City:
 EAU CLAIRE
 EAU CLAIRE
 Expiration Date:
 12/01/2021
 Status:
 Status:
 Granted
 Status Date:
 01/21/2016
 Expiration Date:

 12/01/2021
 Filing Status:
 InActive
 Filing Status:
 InActive
 Filing Status:
 <td

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	No
Fees, Waivers,	Section	Question	Response
and Exemptions	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
		Is the applicant exempt from FCC regulatory Fees?	No
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
		Total number of rule sections involved in this waiver request:	
		Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	

Application Type	Fee Code	Fee Amount
License To Cover	MEL	\$160.00
	Total	\$160.00

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>DTV AMERICA CORPORATION</b> Doing Business As: DTV AMERICA CORPORATION	13450 W SUNRISE BLVD STE 164 SUNRISE, FL 33323 United States	+1 (954) 606- 5486	JKYLE@DTVAMERICA. COM	Corporation

#### 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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	RENEE ILHARDT DTV AMERICA CORPORATION	13450 W SUNRISE BLVD STE 164 SUNRISE, FL 33323 United States	+1 (954) 606- 5486	RENEE@DTVAMERICA. COM	Legal Representative

Alien Ownership	Question	Response
	<ol> <li>Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?</li> </ol>	No
	2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1))	
	3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2))	
	4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3))	
	5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))	
	6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?	
	7) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?	

Section	Question	Response
Revoked Application	Has the Applicant or any party to this application had any FCC station Authorization revoked or had any application for an initial, modification or renewal of FCC station Authorization denied by the Commission?	No
State or Federal Convictions	Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	Νο

### Basic Qualifying Questions

Channel and
Facility
Information

Section	Question	Response
Facility ID	184440	
State	Wisconsin	
City	EAU CLAIRE	
LPD Channel	20	

## Primary station proposed to be rebroadcast:

Facility Id

Call Sign

City

State

Antenna Location	Section	Question	Response
Data	Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
		ASR Number	
	Coordinates (NAD83)	Latitude	44° 56' 56.0" N+
		Longitude	092° 33' 32.0" W-
		Structure Type	MAST-Self-support struct
		Overall Structure Height	18 meters
		Support Structure Height	18 meters
		Ground Elevation (AMSL)	347.5 meters
	Antenna Data	Height of Radiation Center Above Ground Level	17.4 meters
		Height of Radiation Center Above Mean Sea Level	364.9 meters
		Effective Radiated Power	6 kW

Antenna	Section	Question	Response
Technical Data	Antenna Type	Antenna Type	Directional Custom
		Do you have an Antenna ID?	Yes
		Antenna ID	120743
	Antenna Manufacturer and	Manufacturer:	DIE
	Model	Model	TUA-P2-0641
		Rotation	270 degrees
	Elevation Radiation Pattern	Electrical Beam Tilt	Not Applicable
		Mechanical Beam Tilt	Not Applicable
		toward azimuth	
		Polarization	Horizontal
		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	
		Out-of-Channel Emission Mask:	Full Service

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.058	180	1	270	0.058
10	0.952	100	0.05	190	0.952	280	0.05
20	0.83	110	0.063	200	0.83	290	0.063
30	0.677	120	0.183	210	0.677	300	0.183
40	0.519	130	0.355	220	0.519	310	0.355
50	0.351	140	0.515	230	0.351	320	0.515
60	0.173	150	0.674	240	0.173	330	0.674
70	0.074	160	0.829	250	0.074	340	0.829
80	0.058	170	0.952	260	0.058	350	0.952

#### **Additional Azimuths**

Degree	V <sub>A</sub>
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Information not provided.

## Parties to the Application (0)

Attributable Interest	Section	Question	Response
	Equity and Financial Interests	Applicant certifies that equity and financial interests not set forth by the applicant parties are non-attributable.	Yes
	Other Authorizations	Does the applicant or any party to the application have an attributable interest in any other broadcast station(s).	N/A

License Certifications	Section	Question	Response
	Constructed Facility	The facility constructed as authorized in the underlying construction permit.	Yes
	Special Operating Conditions	The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit. An exhibit may be required. Review the underlying construction permit.	Yes

<section-header></section-header>	Section	Question	Response
	Obligations	Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.	Yes
		Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect.	Yes
	Character Issues	<ul> <li>Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with:</li> <li>(a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or</li> <li>(b) any pending broadcast application in which character issues have been raised.</li> </ul>	Yes
	Adverse Findings	Has the Applicant or any party to this application had an adverse finding or an adverse final action taken by any court or administrative body in a civil or criminal proceeding brought under any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?	No

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	James Gallagher Consultant 11/30/2015

Information not provided.

#### Attachments