



(REFERENCE COPY - Not for submission)

# LPTV Engineering STA Application

File Number: **0000113826** | Submit Date: **05/18/2020** | Call Sign: **W24DW-D** | Facility ID: **183412** | FRN: **0019010461**  
State: **Puerto Rico** | City: **CULEBRA**  
Service: **LPD** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **10/01/2020** | Expiration Date: **03/31/2021**  
Filing Status: **InActive**

## 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?	Yes
	Indicate reason for fee exemption:	APPLICATION MADE NECESSARY BY SERIES OF NATURAL DISASTER EVENTS
<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:	

**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>TV RED DE PUERTO RICO INC</b> Doing Business As: TV RED DE PUERTO RICO INC	JORGE R FIGUEROA PO BOX 903 SAINT JUST, PR 00978 United States	+1 (787) 761- 2833	IBS-PR@USA. NET	Corporation

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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>JORGE R FIGUEROA</b> <i>PRESIDENT</i> TV RED DE PUERTO RICO INC	JORGE R FIGUEROA PO BOX 903 SAINT JUST, PR 00978 United States	+1 (787) 761- 2833	IBS-PR@USA.NET	GENERAL REPRESENTATIVE
<b>GRAFTON OLIVERA</b> <i>TECHNICAL CONSULTANT</i> Grafton Olivera, Consulting Engineer	GRAFTON OLIVERA 5119 60TH DRIVE E BRADENTON, FL 34203 United States	+1 (941) 323- 0381	GRAFTON. OLIVERA@ME.COM	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	183412	
State	Puerto Rico	
City	CULEBRA	
LPD Channel	33	

**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?	Yes
	ASR Number	1298084
<b>Coordinates (NAD83)</b>	Latitude	18° 16' 42.8" N+
	Longitude	065° 40' 11.6" W-
	Structure Type	LTOWER-Lattice Tower
	Overall Structure Height	24.4 meters
	Support Structure Height	24.4 meters
	Ground Elevation (AMSL)	290.8 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	23 meters
	Height of Radiation Center Above Mean Sea Level	313.8 meters
	Effective Radiated Power	2.0 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	1003083
<b>Antenna Manufacturer and Model</b>	Manufacturer:	KAT
	Model	75010210
	Rotation	35 degrees
	Electrical Beam Tilt	0
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>Elevation Radiation 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	
	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	.06	180	.092	270	.049
10	.964	100	.074	190	.081	280	.07
20	.861	110	.089	200	.055	290	.139
30	.721	120	.092	210	.031	300	.242
40	.553	130	.08	220	.044	310	.384
50	.392	140	.052	230	.065	320	.543
60	.253	150	.028	240	.077	330	.708
70	.147	160	.05	250	.076	340	.851
80	.08	170	.079	260	.063	350	.958

**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>GRAFTON OLIVERA</b>  <i>TECHNICAL CONSULTANT</i></p> <p>05/18/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<u><a href="#">FIG. 1 - CP &amp; Eng. STA Coverage W19DV-D &amp; W24DW-D CP.pdf</a></u>	Applicant	General Information	FIGURE 1 - LIC/CP & ENG. STA COVERAGE W24DW-D
<u><a href="#">W24DW-D - REASONS FOR REQUESTING ENGINEERING STA &amp; NOTIFICATION OF RESUMPTION OF OPERATIONS.pdf</a></u>	Applicant	General Information	W24DW-D - REASONS FOR ENG. STA & NOTIFICATION OF RESUMPTION OF OPERATIONS