



(REFERENCE COPY - Not for submission)

# LPTV Engineering STA Application

File Number: **0000124838** | Submit Date: **10/19/2020** | Call Sign: **WGPS-LD** | Facility ID: **55090** | FRN: **0019866425**  
 State: **Florida** | City: **FORT MYERS**  
 Service: **LPD** | Purpose: **Engineering STA** | Status: **Pending** | Status Date: **10/19/2020** | 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>DTV AMERICA CORPORATION</b> Doing Business As: DTV AMERICA CORPORATION	450 PARK AVENUE, 29TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING. COM	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>REBECCA HANSON</b> <i>EVP and General Counsel</i> HC2 BROADCASTING HOLDINGS, INC.	REBECCA HANSON 450 PARK AVENUE 29TH FLOOR NEW YORK, NY 10022 United States	+1 (202) 416-6756	RHANSON@HC2BROADCASTING. COM	Legal Representative
<b>RENEE ILHARDT</b> HC2 BROADCASTING HOLDINGS, INC.	RENEE ILHARDT 450 PARK AVENUE 29TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING. COM	CORPORATE REPRESENTATIVE

**Channel and Facility Information**

Section	Question	Response
Facility ID	55090	
State	Florida	
City	FORT MYERS	
LPD Channel	21	

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1032129
<b>Coordinates (NAD83)</b>	Latitude	26° 26' 55.4" N+
	Longitude	081° 48' 53.7" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	147.5 meters
	Support Structure Height	146.6 meters
	Ground Elevation (AMSL)	3.1 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	99 meters
	Height of Radiation Center Above Mean Sea Level	102.1 meters
	Effective Radiated Power	5.00 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1007469
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	DLP8J
	Rotation	300 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Circular
<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	0.548	90	0.962	180	0.402	270	0.962
10	0.556	100	0.892	190	0.371	280	1.000
20	0.589	110	0.788	200	0.298	290	0.992
30	0.658	120	0.654	210	0.26	300	0.945
40	0.756	130	0.496	220	0.343	310	0.861
50	0.861	140	0.343	230	0.496	320	0.756
60	0.945	150	0.26	240	0.654	330	0.658
70	0.992	160	0.298	250	0.788	340	0.589
80	0.997	170	0.371	260	0.892	350	0.556

**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>HENRY TURNER</b>  <i>CHIEF OPERATING OFFICER</i></p> <p>10/19/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">ENGINEERING STA.pdf</a>	Applicant	General Information	ENGINEERING STA.pdf