



(REFERENCE COPY - Not for submission)

## Request to Extend a LPTV Translator Engineering STA Application

File Number: **0000016504** | Submit Date: **10/27/2016** | Call Sign: **W04AG-D** | Facility ID: **71327** | FRN: **0018223693**  
 State: **Virginia** | City: **GARDEN CITY, ETC.**  
 Service: **LPT** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **10/31/2016** | Expiration Date: **05/16/2017**  
 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	\$190.00
<b>Total</b>		<b>\$190.00</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>GRAY TELEVISION LICENSEE, LLC</b> Doing Business As: GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 266-8333	Robert. Folliard@gray.tv	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>Joseph M. Davis , P.E. .</b> <i>Consulting Engineer</i> Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650- 9600	Joseph.Davis@RF- consultants.com	Technical Representative
<b>Joan Stewart</b> Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719- 7438	jstewart@wileyrein.com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	71327	
State	Virginia	
City	GARDEN CITY, ETC.	
LPT Channel	4	

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1049890
<b>Coordinates (NAD83)</b>	Latitude	37° 15' 01.5" N+
	Longitude	079° 55' 59.1" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	70.1 meters
	Support Structure Height	61.0 meters
	Ground Elevation (AMSL)	532.2 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	61 meters
	Height of Radiation Center Above Mean Sea Level	593.2 meters
	Effective Radiated Power	0.0027 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1001046
<b>Antenna Manufacturer and Model</b>	Manufacturer:	TAC
	Model	2xY51-4
	Rotation	0 degrees
	Electrical Beam Tilt	Not Applicable
	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:	Simple

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.02	90	0.088	180	0.544	270	0.051
10	0.02	100	0.074	190	0.118	280	0.04
20	0.02	110	0.074	200	0.074	290	0.03
30	0.15	120	0.471	210	0.074	300	0.02
40	0.10	130	0.765	220	0.088	310	0.03
50	0.10	140	0.882	230	0.025	320	0.03
60	0.10	150	1	240	0.01	330	0.03
70	0.101	160	0.912	250	0.051	340	0.02
80	0.088	170	0.794	260	0.051	350	0.02

**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>Robert Folliard</b> <i>Assistant Secretary</i></p> <p>10/27/2016</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">16504.pdf</a>	Internal	All Purpose	
<a href="#">W04AG-D STA Statement.pdf</a>	Applicant	General Information	STA Statement