

Federal Communications (REFERE Commission

(REFERENCE COPY - Not for submission) License To Cover for LPTV Station Application

 File Number:
 000033619
 Submit Date:
 10/12/2017
 Call Sign:
 WUEO-LD
 Facility ID:
 182024
 FRN:
 0019866425

 State:
 Georgia
 City:
 MACON
 Status:
 City:
 MACON
 Expiration Date:

 Service:
 LPD
 Purpose:
 License To Cover 0000011455
 Status:
 Granted
 Status Date:
 10/17/2017
 Expiration Date:

 04/01/2021
 Filing Status:
 InActive
 Filing Status:
 InActive
 Filing Status:
 Filing

General Information	Section	Question	Response
	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
		Is the applicant exempt from FCC application Fees? No Indicate reason for fee exemption: Indicate reason for fee exemption: Is the applicant exempt from FCC regulatory Fees? No	
		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	\$165.00
	Total	\$165.00

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
DTV AMERICA CORPORATION Applicant	1671 NW 144TH TERRACE, SUITE 110	+1 (954) 606-5486	JKYLE@DTVAMERICA. COM	Other
Doing Business As: DTV AMERICA CORPORATION	SUNRISE, FL 33323 United States			

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	1671 NW 144TH TERRACE, SUITE 110 SUNRISE, FL 33323 United States	+1 (954) 606-5486	RENEE@DTVAMERICA. COM	CORPORATE REPRESENTATIVE

Alien Ownership	Question	Response
	 Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act? 	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	182024	
State	Georgia	
City	MACON	
LPD Channel	49	-

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?	Yes
		ASR Number	1223132
	Coordinates (NAD83)	Latitude	33° 48' 26.4" N+
		Longitude	084° 20' 21.5" W-
		Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
		Overall Structure Height	360.3 meters
		Support Structure Height	321.9 meters
		Ground Elevation (AMSL)	264.3 meters
	Antenna Data	Height of Radiation Center Above Ground Level	283.5 meters
-		Height of Radiation Center Above Mean Sea Level	547.8 meters
		Effective Radiated Power	4 kW

Antenna	Section	Question	Response	
Technical Data	Antenna Type	Antenna Type	Non-Directional	
		Do you have an Antenna ID?		
		Antenna ID	1000697	
	Antenna Manufacturer and Model	Manufacturer:	DIE	
	Model	Acturer and Manufacturer: Model Model Rotation Electrical Beam Tilt Mechanical Beam Tilt Not Applicable Not Applicable Not Applicable Horizontal Not Applicable Not Applicable	TUA-O4	
		Rotation	330 degrees	
	Electrical Beam Tilt Not Applicable	Not Applicable		
		Mechanical Beam Tilt	Not Applicable	
		Do you have an Antenna ID? 1000697 Antenna ID 1000697 Image: Antenna ID DIE Manufacturer: DIE Model TUA-O4 Rotation 330 degrees Electrical Beam Tilt Not Applicable Model azimuth Horizontal		
		Polarization	Horizontal	
	Elevation Radiation Pattern	patterns that vary with azimuth for reasons other than the	No	
			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? Uploaded file for elevation antenna (or radiation) pattern	
		Out-of-Channel Emission Mask:	Full Service	
		1	1	

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	 Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (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 (b) any pending broadcast application in which character issues have been raised. 	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	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID 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. 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). 	
		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.	JOHN KYLE , II . <i>PRESIDENT</i> 10/12/2017

Information not provided.

Attachments