



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000042873 | Submit Date: 02/21/2018 | Call Sign: WLOO | Facility ID: 84253 | FRN: 0017874009 | State: Mississippi | City: VICKSBURG

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 02/23/2018 | Expiration Date:

Filing Status: InActive

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	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	MGT	\$190.00
Total		\$190.00

Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TOUGALOO COLLEGE Applicant Doing Business As: TOUGALOO COLLEGE	Pervis Parker 500 WEST COUNTY LINE ROAD TOUGALOO, MS 39174 United States	+1 (601) 953-9606	pervisarker@wufxtv.com	Other

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  
(3)

Contact Name	Address	Phone	Email	Contact Type
Ann W. Bobeck W. Bobeck Covington & Burling LLP	Ann W. Bobeck One CityCenter, 850 Tenth Street, NW Washington, DC 20001 United States	+1 (202) 662- 5719	abobeck@cov. com	Legal Representative
W. Jeffrey Reynolds Kirk du Treil, Lundin & Rackley, Inc.	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6000	JEFF@DLR. COM	Technical Representative
W. Jeffrey Reynolds Jeffrey Reynolds du Treil, Lundin & Rackley, Inc.	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6000	test@fcc.gov	Technical Representative

Channel and  
Facility  
Information

Section	Question	Response
Proposed Community of License	Facility ID	84253
	State	Mississippi
	City	VICKSBURG
	DTV Channel	41
	Designated Market Area	Jackson MS
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1210491
Coordinates (NAD83)	Latitude	32° 12' 49.9" N+
	Longitude	090° 22' 56.5" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	609.0 meters
	Support Structure Height	573.0 meters
	Ground Elevation (AMSL)	125.0 meters
Antenna Data	Height of Radiation Center Above Ground Level	565 meters
	Height of Radiation Center Above Average Terrain	598 meters
	Height of Radiation Center Above Mean Sea Level	690.0 meters
	Effective Radiated Power	981 kW

Antenna  
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	87301
Antenna Manufacturer and Model	Manufacturer:	ERI
	Model	ATW28H3-HST1-40H
	Rotation	330 degrees
	Electrical Beam Tilt	0.75
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
DTV and DTS: Elevation Pattern	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	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.474	90	0.719	180	1	270	0.719
10	0.504	100	0.589	190	0.961	280	0.857
20	0.589	110	0.504	200	0.857	290	0.961
30	0.719	120	0.474	210	0.719	300	1
40	0.857	130	0.504	220	0.589	310	0.961
50	0.961	140	0.589	230	0.504	320	0.857
60	1	150	0.719	240	0.474	330	0.719
70	0.961	160	0.857	250	0.504	340	0.589
80	0.857	170	0.961	260	0.589	350	0.504

Additional Azimuths

Degree	V <sub>A</sub>
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## Certification

Section	Question	Response
<b>General Certification Statements</b>	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.	
<b>Authorized Party to Sign</b>	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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.	<b>Beverly W. Hogan W. Hogan</b> <i>President</i>  02/21/2018

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>WLOO Reduced Power STA Narrative (February 202018).pdf</u>	Applicant	General Information	Reduced Power STA Narrative