### **Administrative Information**

#### Summary

**File Number:** SES-LIC-20120502-00415 **Date Filed:** 5/2/12

Call Sign: E120082

Status: Filed – awaiting fee verification Status Date: 5/2/12

Last Action: Action Date:

AFPN Date: ATPN Date:

Begin Date: Expiration Date:

Description

WMAQ MC-5 Ku-band SNG uplink

#### Applicant/Licensee

**FRN**: 0019509470 **Attn. Phone**: 202–524–6401 x

NNN-NNN-NNNN xNNN

**Contact Name:** Attn. Fax: 202–524–6411

NNN-NNN-NNNN xNNN

Company: NBC TELEMUNDO LICENSE LLC Attn. E-mail: margaret.tobey@nbcuni.com

Street 1: 300 NEW JERSEY AVENUE, NW Attention: Margaret L Tobey

Street 2: SUITE 700

City, State, Zip: WASHINGTON, DC 20001– USA

Corp. Phone:

Corp. Fax:

Corp. E-mail:

#### Contact

FRN: 0019509470 Contact Attn.: Margaret L Tobey

Contact Name: Margaret L Tobey Contact Attn. Phone: 202–524–6401 x NNN–NNN–NNNN xNNN

**Company: Contact Attn. Fax:** 202–524–6411

300 New Jersey Avenue, NW

NNN-NNN-NNNN xNNN

Contact Attn. E-mail:

margaret.tobey@nbcuni.com

Street 2: Suite 700

City, State, Zip: Washington, DC 20001– USA

Corp. Phone:

Corp. Fax:

Street 1:

Corp. E-mail:

## **Qualification Information**

| No. | Question  | Answer |
|-----|---|--------|
| 1.  | Are you applying for a NEW earth station license or registration (i.e., one that has not been previously licensed or registered?)   | Yes    |
| 2.  | Will your proposed earth station be a fixed earth station or temporary–fixed earth station ( not part of a VSAT network) that will operate only in the Fixed Satellite Service?   | TFE    |
| 3.  | Which band will your proposed earth station be operating in?  | KUBAND |
| 5.  | Will you operate your proposed earth station ONLY with U.Slicensed or Permitted List geostationary satellites (within the parameters specified on the Permitted List)?  | Yes    |
| 6.  | Does your proposed earth station and its operation conform to all technical, procedural, and operational requirements of the FCC Rules and Regulations (47 CFR) and therefore requires NO waivers or exemptions from any of the Commission's Rules?   | Yes    |
| 7.  | Does your proposed antenna(s) comply with the antenna gain standard specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements?  | Yes    |
| 8.  | Does your proposed earth station operation conform with all routine power and power density rules contained in Sections 25.211 and 25.212?  | Yes    |
| 9.  | Can you certify that FAA notification is not required under 47 CFR Part 17 and 47 CFR Section 25.113(c)?  | Yes    |
| 11. | Do you certify that Commission grant of any proposal in this application will NOT have a significant environmental impact as defined by 47 CFR Section 1.1307?  | Yes    |
| 12. | Are you asking for a:   | TO     |
| 13. | Has a Radiation Hazard Study (refer to OET bulletin 65) been completed and will this Radiation Hazard Study be attached as an exhibit to this application?  | Yes    |
| 14. | Do you certify that you are not a foreign government or a representative of a foreign government?   | Yes    |
| 15. | Do you certify that you are not an alien, or the representative of an alien?  | Yes    |
| 16. | Do you certify that you are not a corporation organized under the laws of any foreign government?   | Yes    |
| 17. | Do you certify that you are not a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?  | Yes    |
| 18. | Do you certify that you are not a corporation directly or indirectly controlled by any other corporation of which more than one—fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? | Yes    |
| 19. | Do you certify that the applicant or any party to this application has NOT had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license or construction permit denied by the Commission?   | Yes    |

- 20. Do you certify that neither you nor any party to this application, nor any party directly or indirectly controlling your company, has EVER been convicted of a felony by any state or federal court?
- 21. Do you certify that NO court has finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?

Yes

- 22. Do you certify that neither you nor any person directly or indirectly controlling the applicant, is currently a party in any pending Yes matter referred to in the preceding two items?
- 23. Does the undersigned certify that neither the applicant nor any other party to the application is subject to a denial of Federal Yes benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance? See 47 CFR Section 1.2002(b) for the meaning 'party to the application' for these purposes.

### **Station Information**

Call Sign E120082 **Nature of Service** Fixed Satellite Service **Status** Non-Common Carrier **Satellite Orbit Type** GSO **Class of Earth Station** Temporary Fixed Earth Station Filing Classification Application for License of New Station **Satellite Name** PERMITTED LIST Frequency Band(s) **KU Band** Type of Earth Station Facility Transmit Only **PN Description** Transportable uplink to transmit news, sports and entertainment events from various fixed locations to other locations for recording and/or live broadcast.

## **Site Information**

| Site ID:                                       | WMAQ                        | Contact Name: | Transmission                 | Contact Pho<br>NNN-NNN-N |                              |
|--|-----------------------------|---------------|------------------------------|--------------------------|------------------------------|
|  |                             | 312–836–558   | 5                            |                          |                              |
| Area of Operation: Street 1: Street 2: County: | Various                     |               | State:<br>City:<br>Zip Code: | N/A                      |                              |
| Latitude:<br>Longitude:                        | <b>Deg.</b> Latitude Degree | Min.          | Sec.                         | Нет.                     | <b>NAD Indicator:</b><br>N/A |
| Elevation (meters):                            |                             |               |                              |                          |                              |

### **Antenna Information**

Site ID Antenna ID ASR No

WMAQ MC-5

Quantity Manufacturer Model Antenna Size (m)

1 AVL Technologies 1210K 1.2

Max Antenna Hgt Max Antenna Hgt Structure Hgt Max Antenna Hgt AGL (m) AMSL (m) AGL (m) Above Roof (m)

Total Input Pwr at Antenna Flange (W)

Total EIRP – All Carriers (dBW)

125.0 64.2

T/R Mode Antenna Gain dBi at GHZ
T 43.2 14.125

# **Frequency Information**

| Select | Antenna ID                   | T/R Mode   |   |  |
|--------|------------------------------|--|---|--|
|        | MC-5                         | Т  |   |  |
|        | Freq Lower (MHz/GHz)         | Freq Upper (MHz/GHz)                                       | Freq Unit                               |  |
|        | 14000                        | 14500  | MHz                                     |  |
|        | <b>Emission Designator</b>   | Describe Modulation & Services                             |   |  |
|        | 36M0G7W                      | Phase modulated carrier with digital data, video and audio |   |  |
|        | Antenna Polarization         | Max EIRP per Carrier (dBW)                                 | Max EIRP Density per Carrier (dBW/4kHz) |  |
|        | (H/V)Horizontal and Vertical | 64.1   | 24.63                                   |  |

# **Frequency Coordination Information**

| Select | Antenna ID                             | Trans/Rec Mode        | Lower Freq Limit (MHz)         | Upper Freq Limit (MHz) |  |
|--------|--|-----------------------|--------------------------------|------------------------|--|
|        | MC-5                                   | Transmit              |                                |                        |  |
|        | Satellite Arc East Limit (Deg)         |                       | Satellite Arc West Limit (Deg) |                        |  |
|        |  |                       | N/A                            |                        |  |
|        | Ant Elev Angle E (Deg)                 | Azimuth Angle E (Deg) | Ant Elev Angle W (Deg)         | Azimuth Angle W (Deg)  |  |
|        |  |                       |                                |                        |  |
|        | Max FIRP Density to Horizon (dBW/4KHz) |                       |                                |                        |  |

## **Points of Communication Information**

| Select | Site Id | Point of Communication |
|--------|---------|------------------------|
|        | WMAQ    | PERMITTED LIST         |

#### **Certification Information**

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 license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

Type of Applicant

Other

Applicant Other Text
Limited Liability Company

If other, describe the type of applicant.

Signer Name

Margaret L. Tobey

Signer Title

**Assistant Secretary** 

**Signature** 

**Date Signed** (XX/XX/XXXX) 04/24/2012

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## **Attachment Information**

| Select | Attachment Type        | File Name Date Uploaded |
|--------|------------------------|-------------------------|
|        | Radiation Hazard Study | WMAQ-MC5-1.2m_OET65_    |
|        |                        | 04/23/2012              |