



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **19200** | Service: **DTV** | Call **WTNZ** | Channel: **15 (UHF)** |  
ID: | Sign:  
File **0000025079**  
Number:  
FRN: **0028123164** | Date **01/01**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WTNZ LICENSE SUBSIDIARY, LLC</b>	RSA TOWER, 20TH FLOOR 201 MONROE STREET MONTGOMERY, AL 36104 United States	+1 (334) 206- 1400	fcclms@raycommedia. com	Limited Liability Company

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Remain on existing line and broadband ATC antenna. Add new ports to existing ATC combiner. Install new main and backup transmitter

## Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

## Auxiliary Transmitter

### Add Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Retune Existing
	Use	Auxiliary (Backup)
	Ownership	Owned
	Owner	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Harris
	Model	UAX
	Year	2011
	Type	Solid State

	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.1 kW

## Auxiliary Transmitter

### Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	1.5 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

## Auxiliary Transmitter

### Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A

<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Auxiliary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DCX
	Year	2005
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	20 kW

Primary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-24
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	15.3 kW
	Justification for New Transmitter	Existing transmitter cannot be retuned Manufacturer data attached Headroom analysis attached

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	500 kVA
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A

	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	3
	Number of Panels	10
	Design power capacity in use	50.0 %



Lower Limit	470.00 MHz
Upper Limit	608.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	460.0 kW
Manufacturer	Dielectric
Model	TUD-O5-16 /80H-2-B
Year	2003

**Facility ID's and Call Signs of  
all stations with whom the  
antenna is shared.**

Facility ID	Call Sign
52628	WPXK-TV
71082	WATE-TV

**Primary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	Additional Module
	Number of channels supported	5
	Frequencies of channels supported	RF channel
	Frequency	N/A

**Enter a list of RF channel numbers.**

RF Channel Number
34
23
18
15
26

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

**Outside Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	300
	Explanation	Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No

	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No

<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	1
	Justification	system sweep

**Other Professional Services Expenses Not Listed**  
If provided, please provide details of other professional services costs provided.  
**Outside Professional Services Costs**

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	Information not provided.

## Cost Information

### Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter ULXTE-24</b>	<b>\$770,600.00</b>	<b>\$687,587.43</b>		<b>\$0.00</b>	
Transformer 3 phase/480v - 500 KVA	\$48,400.00	\$46,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$605,287.43	Quote attached Headroom analysis attached	N/A	N/A
<b>Auxiliary Transmitter UAX</b>	<b>\$108,230.00</b>	<b>\$11,141.60</b>		<b>\$0.00</b>	
1.5 kW mask filter	\$3,030.00	\$0.00	included in tx quote	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$11,141.60	Quote attached	N/A	N/A
<b>Sub-total</b>	<b>\$878,830.00</b>	<b>\$698,729.03</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,136,720.00</b>	<b>\$943,918.03</b>	N/A	<b>\$0.00</b>	N/A

### Components

Information not provided.



Cost  
Information

Antennas

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TUD-O5-16/80H-2- B	\$84,200.00	\$86,869.00		\$0.00	
Adding a module to existing combiner (without antenna)	\$84,200.00	\$86,869.00	ATC estimate attached	N/A	N/A
UHF - High Power Top Mount Three Station broadband panel antenna horizontally polarized	\$0.00	\$0.00	N/A	N/A	N/A
Sub-total	\$84,200.00	\$86,869.00	N/A	\$0.00	N/A
Total for all systems	\$1,136,720.00	\$943,918.03	N/A	\$0.00	N/A

Components

Information not provided.

**Cost Information**      **Transmission Line**  
Information not provided.

**Cost Information**      **Tower Equipment and Rigging Costs**  
Information not provided.

<b>Cost Information</b>	<b>Outside Professional Services</b>					
	Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).					
	<b>Description</b>	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Estimated Cost Justification</b>	<b>Actual Cost</b>	<b>Actual Cost Justification</b>
	<b>Outside Professional Services</b>	<b>\$156,320.00</b>	<b>\$148,750.00</b>		<b>\$0.00</b>	
	Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
	Additional Field Engineering Service, 1 Days	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
	Project management of the transition	\$47,400.00	\$45,000.00	N/A	N/A	N/A
	Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
	Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
<b>Sub-total</b>	\$156,320.00	\$148,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,136,720.00	\$943,918.03	N/A	\$0.00	N/A

## Components

Information not provided.

## Cost Information

### Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$17,370.00</b>	<b>\$9,570.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,850.00</i>	\$2,850.00	estimate for on air rescan announcement production Quote attached	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	Group quote attached	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,970.00</i>	\$2,970.00	On site forklift rental estimate Representative quote attached	N/A	N/A
<b>Sub-total</b>	<b>\$17,370.00</b>	<b>\$9,570.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,136,720.00</b>	<b>\$943,918.03</b>	N/A	<b>\$0.00</b>	N/A

### Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,136,720.00	\$943,918.03	\$0.00

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</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 Thurber</b> <i>VP Engineering</i></p> <p>01/01/2018</p>

## Attachments