



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **77677** | Service: **DCA** | Call **WAPK-CD** | Channel: **16 (UHF)** |
ID:
File **0000026125**
Number:
FRN: **0001770163** | Date **07/20**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HOLSTON VALLEY BROADCASTING CORPORATION Doing Business As: HOLSTON VALLEY BROADCASTING CORPORATION	Nathan D. Widener 222 COMMERCE ST KINGSPORT, TN 37660 United States	+1 (423) 723-6134	davidw@wtfm.com	Corporation

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	tower and building is shared with these stations

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	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?	Yes
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	TAU 2-5K00AA
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

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

Facility ID	Call Sign
27504	WKPT-TV

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	EC701HP-BB
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.85 kW
	Justification for New Transmitter	We need to keep our existing channel 36 signal on the air while we build out our new assigned channel 16.

**Primary
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
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	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

Name	Description
Remote Control Upgrade	Upgrade of remote control system to be compatible with the new Comark transmitter

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	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	6 Parapanel
	ERP: (Effective Radiated Power)	15.0 kW

Manufacturer	
Model	SCA-4DR4S
Year	2003

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	Parapanel
	ERP: (Effective Radiated Power)	9.63 kW
	Manufacturer	
	Model	SCA-4DR4S

	Year	2017
	Justification for New Antenna	We need a new antenna because they are channel specific and we are moving from 36 to 16.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna	Other Antenna Cost Not Listed Information not provided.
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Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary
Transmission Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	185 feet per run

**Primary
Transmission Line**

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	225 feet per run
	Justification for New Transmission Line	We have to have a new antenna so we will need additional transmission line to keep both channels on air. The new location of the antenna and the transmitter will require additional length of line.

Primary Transmission Line	Other Transmission Line Expenses Not Listed
Information not provided.	

Interim
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	360 feet per run
	Justification for New Transmission Line	To serve the existing primary antenna when it is moved to a nearby rental tower for interim operation through the transition

Interim
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

**Tower
Equipment
And
Rigging
Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Primary
Tower**

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1054538
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 25' 53.0" N-
	Longitude (NAD83)	082° 08' 15.0" W-
	Overall Structure Height	225.72 feet
	Support Structure Height	169.29 feet
	Ground Elevation Above Mean Sea Level (AMSL)	4172.85 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	HOLSTON VALLEY BROADCASTING CORPORATION
Date Constructed	10/01/1994

**FM, AM or TV radio
broadcasters. Facility ID's,
Call Signs and Services of
other broadcast stations with
whom the tower is shared**

Facility ID	Call Sign	Service
27504	WKPT-TV	DTV
27490	WOPI-CD	DTV
27489	WTFM	FM

**Primary
Tower**

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	No

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

Primary Tower

Add Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1054538
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 25' 53.0" N-
	Longitude (NAD83)	082° 08' 15.0" W-
	Overall Structure Height	225.72 feet
	Support Structure Height	169.29 feet
	Ground Elevation Above Mean Sea Level (AMSL)	4172.85 feet
	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	HOLSTON VALLEY BROADCASTING CORPORATION
	Date Constructed	10/01/1994

FM, AM or TV radio
broadcasters. Facility ID's,
Call Signs and Services of
other broadcast stations with
whom the tower is shared

Facility ID	Call Sign	Service
77676	WAPW-CD	DTV
27489	WTFM	FM
27504	WKPT-TV	DTV
27490	WOPI-CD	DTV

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

Primary Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	No

Primary Tower

Other Tower Expenses Not Listed

Name	Description
Tower Rental	9 months rent to mount primary antenna on nearby tower for interim operation while tower is being modified

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	8
	Explanation	To prepare and submit quarterly reports and special progress reports near the end of the phase
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
Attorney and Other Outside Consulting Services	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	Yes
	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	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside

Professional

Other Professional Services Expenses Not Listed

Services Costs		Description
Name		
Other Engineering Services		Engineering services not included in any other Form 399 OPS section

**Other
Expenses**

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	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
Other Miscellaneous Expenses	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?	No
	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

Other Expenses	Other Expenses Not Listed Information not provided.
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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
Primary Transmitter EC701HP-BB	\$78,399.75	\$78,399.75		\$0.00	
Remote Control Upgrade	\$2,921.75	\$2,921.75	50 pct of the cost to upgrade the Burk remote control to be compatible with the new Comark transmitters	N/A	N/A
UHF - Air Cooled Solid State Transmitter 0.85 kW	\$75,478.00	\$75,478.00	new Comark quote for one-step up transmitter because the existing transmitter has more than 10 pct headroom	N/A	N/A
Sub-total	\$78,399.75	\$78,399.75	N/A	\$0.00	N/A
Total for all systems	\$2,088,088.75	\$411,229.25	N/A	\$85,765.20	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 SCA- 4DR4S	\$33,030.00	\$14,254.00		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$7,854.00	quote from PSI for new LP8 antenna	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$33,030.00	\$14,254.00	N/A	\$0.00	N/A
Total for all systems	\$2,088,088.75	\$411,229.25	N/A	\$85,765.20	N/A

Components

Information not provided.

Cost
Information

Transmission Line

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
Interim Transmission Line	\$8,640.00	\$8,640.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$8,640.00	\$8,640.00	N/A	N/A	N/A
Primary Transmission Line	\$5,400.00	\$5,100.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$5,400.00	\$5,100.00	N/A	N/A	N/A
Sub-total	\$14,040.00	\$13,740.00	N/A	\$0.00	N/A
Total for all systems	\$2,088,088.75	\$411,229.25	N/A	\$85,765.20	N/A

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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 Tower TOWER	\$1,492,350.00	\$277,353.50		\$78,977.70	
Tower Rental	\$6,750.00	\$6,750.00	50 pct of cost to rent tower for 9 months shared with WKPT	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$37,935.50	N/A	\$9,177.30	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$232,668.00	N/A	\$69,800.40	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$0.00	Included Equipment Movement	N/A	N/A
Primary Tower TOWER	\$421,000.00	\$2,000.00		\$2,000.00	

Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$2,000.00	N/A	\$2,000.00	N/A
Sub-total	\$1,913,350.00	\$279,353.50	N/A	\$80,977.70	N/A
Total for all systems	\$2,088,088.75	\$411,229.25	N/A	\$85,765.20	N/A

Components

Actual Information	
Description	File Name
Tower Rental	Information not provided.
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Component Description: 30 pct down payment of 50 pct of the cost for rigging and antennas line installation Amount: \$9,177.30
Serious tower reinforcement /modifications	Component Description: 30 pct down payment for 50 pct of the cost for tower reinforcement modifications Amount: \$69,800.40
Structural engineering tower load study for well documented tower	Information not provided.

Complex Tower (includes, for example, those with candelabras and/or stacked antennas)		
	Component Description:	One half cost of Balance due of tower Structural Analysis for WAPK
	Amount:	\$1,000.00
	Component Description:	One half share of down payment for tower structural analysis for WAPK
	Amount:	\$1,000.00

Cost Information

Outside Professional Services

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
Outside Professional Services	\$35,719.00	\$20,232.00		\$4,787.50	
Other Engineering Services	<i>\$10,000.00</i>	\$10,000.00	Engineering services not included in any other OPS section	\$3,437.50	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$1,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$0.00	included in CP application costs	N/A	N/A
Project management of the transition	\$1,264.00	\$1,232.00	N/A	N/A	N/A

Prepare and or review reimbursement form	\$2,630.00	\$500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$2,000.00	N/A	\$1,350.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A
Sub-total	\$35,719.00	\$20,232.00	N/A	\$4,787.50	N/A
Total for all systems	\$2,088,088.75	\$411,229.25	N/A	\$85,765.20	N/A

Components

Actual Information	
Description	File Name
Other Engineering Services	Component Description: RF design associated with a revised plan for the channel change leading to a 399 amendment for WAPK Amount: \$3,437.50
ASR modification (prepare FCC Form 854)	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Project management of the transition	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Engineering for CP application main facility WAPK Amount: \$1,350.00
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	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
Other Expenses	\$13,550.00	\$5,250.00		\$0.00	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,250.00	N/A	N/A	N/A
Sub-total	\$13,550.00	\$5,250.00	N/A	\$0.00	N/A
Total for all systems	\$2,088,088.75	\$411,229.25	N/A	\$85,765.20	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$2,088,088.75	\$411,229.25
			\$85,765.20

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	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.	
		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. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 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.	

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.

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.	
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Robert Gehman <i>Consulting Engineer</i> 07/20/2018

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. 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 (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. 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.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.	
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Robert Gehman <i>Consulting Engineer</i> 07/20/2018

Attachments