



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **54728** | Service: **DTV** | Call **WPGA-TV** | Channel: **23 (UHF)** |  
ID: | Sign:  
File **0000028414**  
Number:  
FRN: **0018223693** | Date **12/19**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Radio Perry, Inc., Debtor-in- Possession</b>	David A. O'Connor Wilkinson Barker Knauer, LLP 1800 M Street, NW, Suite 800N Washington, DC 20036 United States	+1 (202) 783- 4141	doconnor@wbklaw. 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
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.	No
Briefly describe transition plan	WPGA-TV will move from channel 32 to 23. A new transmitter will be needed because the current one cannot be retuned according to the manufacturer (as shown in the attached). A new antenna and transmission line will also be needed.

**Transmitters**

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

**Auxiliary  
Transmitter****Add Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Emergency backup
	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	DT-834A
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

**Auxiliary  
Transmitter****New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW
	Justification for New Transmitter	Current transmitter cannot be retuned to operate at the new repack channel, 23. It cannot be made to operate below channel 27.

**Auxiliary  
Transmitter****Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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
<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

**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	CST II
	Year	2007
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	25 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?	No
	Manufacturer	
	Model	ULXTE-16
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	7.1 kW
	Justification for New Transmitter	The company which made the current 25kw transmitter, ABS, is no longer actively supporting the equipment to the extent of manufacturing circuit boards needed to facilitate the channel change.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	150 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 Filter 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
Jampro Mask Filter	RCEC-306-UAM Reflective Standard ATSC Mask Filter, 11kw, 6 Pole

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	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	N/A
	ERP: (Effective Radiated Power) .....	100.0 kW

Manufacturer	
Model	TLP-16J(C)
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?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	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	N/A
	ERP: (Effective Radiated Power) .....	82.2 kW
	Manufacturer	
	Model	JA/MS-12

Year	2018
Justification for New Antenna	Current channel 32 antenna is not retunable to operate on the post-repack channel 23.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Channel 23 antenna	Replacement antenna

**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?	Yes

**Primary Tower****Existing 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?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
Existing Tower Structure Registration	Is tower compliant with Rev G?	Unknown
	Do you have a tower registration number?	Yes
Coordinates (NAD83 ( North American Datum of 1983))	ASR Number	1019967
	Latitude (NAD83)	32° 45' 04.3" N-
	Longitude (NAD83)	083° 33' 26.7" W-

Overall Structure Height	898.94 feet
Support Structure Height	895.99 feet
Ground Elevation Above Mean Sea Level (AMSL)	312.99 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	RADIO PERRY, INC.
Date Constructed	12/29/2003

## Primary Tower

### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**  
Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	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	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	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 Services Costs**      **Other Professional Services Expenses Not Listed**

If wireless is not provided.

## 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	Yes
	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?	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

<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
Primary Transmitter ULXTE-16	\$395,277.37	\$369,727.37		\$137,503.12	
Jampro Mask Filter	<i>\$14,780.00</i>	\$14,780.00	N/A	\$14,780.00	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$0.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 7.1 kW	<i>\$354,947.37</i>	\$354,947.37	N/A	\$122,723.12	N/A
Auxiliary Transmitter UAXTE-2	\$126,000.00	\$59,360.25		\$18,286.75	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$59,360.25	N/A	\$18,286.75	N/A
Sub-total	\$521,277.37	\$429,087.62	N/A	\$155,789.87	N/A
Total for all systems	\$1,640,109.37	\$1,350,509.99	N/A	\$235,381.87	N/A

Components

Actual Information	
Description	File Name

Jampro Mask Filter	<b>Component Description:</b> Mask filter for new repack channel. <b>Amount:</b> \$14,780.00
Transformer 3 phase/480v - 150 KVA	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 7.1 kW	<b>Component Description:</b> On-site survey by GatesAir to determine method of installation of transmitter <b>Amount:</b> \$6,474.00  <b>Component Description:</b> One-third down payment for GatesAir 7.1kw transmitter <b>Amount:</b> \$116,249.12
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<b>Component Description:</b> 1/3 down payment <b>Amount:</b> \$18,286.75

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 JA /MS-12	\$159,390.00	\$154,204.00		\$46,900.00	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,144.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$85,000.00	N/A	N/A	N/A
Channel 23 antenna	<i>\$55,660.00</i>	\$55,660.00	N/A	\$46,900.00	N/A
Sub-total	\$159,390.00	\$154,204.00	N/A	\$46,900.00	N/A
Total for all systems	\$1,640,109.37	\$1,350,509.99	N/A	\$235,381.87	N/A

## Components

Actual Information	
Description	File Name
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	Information not provided.
Sweep test of existing antenna	Information not provided.
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	Information not provided.
Channel 23 antenna	<div> <div>Component Description:</div> <div>Amount:</div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Temporary antenna and transmission line for use while main antenna is installed.</div> <div>\$15,900.00</div> <div>Channel 23 antenna to replace existing channel 32 antenna.</div> <div>\$31,000.00</div> </div>

**Cost Information**      **Transmission Line**  
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	\$236,800.00	\$225,100.00		\$25,100.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,100.00	N/A	\$25,100.00	N/A
Sub-total	\$236,800.00	\$225,100.00	N/A	\$25,100.00	N/A
Total for all systems	\$1,640,109.37	\$1,350,509.99	N/A	\$235,381.87	N/A

**Components**

Actual Information Description	File Name
Tall Tower (greater than 500')	Information not provided.

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<table><tr><td data-bbox="711 100 1141 432"><b>Component Description:</b></td><td data-bbox="1141 100 1433 432">Payment for inspection, mapping and analysis of tower</td></tr><tr><td data-bbox="711 432 1141 448"><b>Amount:</b></td><td data-bbox="1141 432 1433 448">\$25,100.00</td></tr></table>	<b>Component Description:</b>	Payment for inspection, mapping and analysis of tower	<b>Amount:</b>	\$25,100.00
<b>Component Description:</b>	Payment for inspection, mapping and analysis of tower				
<b>Amount:</b>	\$25,100.00				

## 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
<b>Outside Professional Services</b>	<b>\$24,980.00</b>	<b>\$23,750.00</b>		<b>\$4,642.00</b>	
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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$3,142.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	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

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$24,980.00	\$23,750.00	N/A	\$4,642.00	N/A
<b>Total for all systems</b>	\$1,640,109.37	\$1,350,509.99	N/A	\$235,381.87	N/A

## Components

Actual Information	
Description	File Name
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	<p><b>Component Description:</b> Reimbursement to WBK for repacking legal fees</p> <p><b>Amount:</b> \$3,142.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Preparation of engineering section of form 2100</p> <p><b>Amount:</b> \$1,500.00</p>

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Prepare and or review reimbursement form	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>\$15,885.00</b>	<b>\$15,325.00</b>		<b>\$2,950.00</b>	
MVPD Notification of Channel Change	<i>\$1,500.00</i>	\$1,500.00	Required notifications to cable and satellite providers to ensure uninterrupted service during the transition to the new channel.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	Estimate for development of announcement and airing to ensure over-the-air viewers are able to enjoy uninterrupted service during the transition to the new channel.	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,950.00	N/A
<b>Sub-total</b>	<b>\$15,885.00</b>	<b>\$15,325.00</b>	<b>N/A</b>	<b>\$2,950.00</b>	<b>N/A</b>

<b>Total for all systems</b>	\$1,640,109.37	\$1,350,509.99	N/A	\$235,381.87	N/A
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## Components

Actual Information		
Description	File Name	
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
DTV Medical Facility Notification	<b>Component Description:</b>  <b>Amount:</b>	Payment in full for medical notification mailings \$2,950.00

**Cost  
Information**

**Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,640,109.37	\$1,350,509.99	\$235,381.87

**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>Harold Rogers Sutton</b>  <i>Chief Engineer,  WPGA-TV</i></p> <p>12/19/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>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).</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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>Harold Rogers Sutton</b>  <i>Chief Engineer,  WPGA-TV</i></p> <p>12/19/2018</p>

## Attachments