



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **64984** | Service: **DTV** | Call **KTMD** | Channel: **22 (UHF)** |  
ID: | Sign:  
File **0000028246**  
Number:  
FRN: **0019509470** | Date **10/26**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicar
<b>NBC TELEMUNDO LICENSE LLC</b>	300 NEW JERSEY AVE, N. W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524-6401	MARGARET. TOBEY@NBCUNI. COM	Limited I Compan

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone
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	Use existing transmitter and aux antenna as interim facility on old channel.. Remove old antenna. Install new transmitter and replace top mount antenna for new channel. After transition remove old transmitter and channel aux antenna.

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

Primary  
Transmitter

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase N
	Use	Primary (M
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DCX-2H
	Year	2002
	Type	Inductive C Tube
	IOT Power Type	Two
	Power Capacity	40 kW

Primary  
Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (M
	Change Type	Purchase N
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-36
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cool
	Solid State Power capacity	50 kW
	Justification for New Transmitter	New Trans required as current trar is not longe supported ( attached nc Solid State transmitter chosen as i less expen: then a new state (see attached proposal) a allow old transmitter used as int

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	Yes
	Description	Electrical Connectivit new transr
<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

Name	Description
<b>Transmitter Instillation</b>	Installation of Transmitter, Filter, and ground RF components
<b>RF Filter</b>	RF Filter for new channel (ch 22)

**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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Elliptical
	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)	1000.0 kW
	Manufacturer	

Model	ATW26HS6 ETCXL-471
Year	2002



## Primary Antenna

### New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (M
	Description of Use	N/A
	Change Type	Purchase N
	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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Elliptical
	Type	Slotted Coe
	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)	592.0 kW
	Manufacturer	
	Model	ATW19HS6 ETCX-22H
	Year	2019

	Justification for New Antenna	A new antenna required as current antenna designed for channel 48 not work or new channel 22)
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**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	8 3/16 inch 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**

Information not provided.

**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 N
	Use	Primary (M
	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	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2045 feet p

Primary  
Transmission  
Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (M
	Description of Use	N/A
	Change Type	Purchase N
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	8 3/16 inch
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2045 feet p
	Justification for New Transmission Line	New line is required be the existing GLW1500 waveguide work on ch: 22.

Primary  
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	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Candelabra
	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	Yes
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1064696
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	29° 34' 16.1
	Longitude (NAD83)	095° 30' 38
	Overall Structure Height	1973.07 feet
	Support Structure Height	1842.17 feet
	Ground Elevation Above Mean Sea Level (AMSL)	76.77 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes

	Tower Owner	American T LLC
	Date Constructed	11/19/2001

**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
35337	KODA	FM
25439	KILT-FM	FM
60537	KFTH-DT	DTV
25449	KKHH	FM
70492	KUBE-TV	DTV
35073	KLOL	FM
66790	KUGB-CD	DTV
18516	KTBZ-FM	FM
53847	KXLN-DT	DTV
24436	KLTJ	DTV
47749	KHMX	FM
35524	KRBE	FM
12895	KETH-TV	DTV
58835	KPXB-TV	DTV

**Other Types of Users**

Users
KVQT-LD
KPBX-LD
KDHU-LD

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KVVV-LD

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**Primary  
Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Candelabra
Helicopter Services Required	Are helicopter services required?	Yes

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Current Antenna Removal Via Helicopter	Helicopter lift to remove current antenna
Tower Drawling Package	Tower Permit Drawing Package (Cost per customer of ATC)
Ground and Building Permit Drawing Package	Ground & Building A&E Permit Drawing Package (Cost per customer of ATC)
Current antenna waveguide removal	removal of current antennas waveguide



**Outside  
Professional  
Services  
Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	1040
	Explanation	Project ove of transmitt install, elec connectivity tower work antenna installation. Additional t will be sper tracking fin. and legal p and coordir with other broadcaste
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	Yes
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	20
	Justification	Ground Lev Engineering

**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Information 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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	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

## Other Expenses

### Other Expenses Not Listed

Name	Description
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<b>Public Hearing</b>	Public Hearing (cost per customer) as per A documentation
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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 Justification
Primary Transmitter THU9-36	\$1,680,591.80	\$1,250,477.50		\$0.00	
RF Filter	<i>\$39,251.80</i>	\$39,251.80	N/A	N/A	Item
Transmitter Installation	<i>\$168,340.00</i>	\$168,340.00	New transmitter installation with filter and electrical	N/A	Item
Other Electrical Service: Electrical Connectivity to new transmitter	<i>\$0.00</i>	\$0.00	Electrical connection costs are reflected in the installation cost estimate	N/A	Item
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,042,885.70	Transmitter cost from attached proposal with Installation costs (\$8,650 & \$63,600) subtracted as they are indicated elsewhere.	N/A	Item
Sub-total	\$1,680,591.80	\$1,250,477.50	N/A	\$0.00	Item
Total for all systems	\$5,266,291.80	\$3,382,743.40	N/A	\$0.00	Item

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 Justification
<b>Primary Antenna ATW19HS6-ETCX-22H</b>	<b>\$311,480.00</b>	<b>\$240,150.00</b>		<b>\$0.00</b>	
Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed)	\$15,250.00	\$14,500.00	N/A	N/A	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$219,250.00	See attached quote from ERI.	N/A	
<b>Sub-total</b>	<b>\$311,480.00</b>	<b>\$240,150.00</b>	N/A	<b>\$0.00</b>	
<b>Total for all systems</b>	<b>\$5,266,291.80</b>	<b>\$3,382,743.40</b>	N/A	<b>\$0.00</b>	

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 Justification
Primary Transmission Line	\$709,615.00	\$486,325.90		\$0.00	
Rigid Transmission Line - copper, 8 3/16"	\$709,615.00	\$486,325.90	Line, adapters, and design services from attached Antenna Proposal	N/A	
Sub-total	\$709,615.00	\$486,325.90	N/A	\$0.00	
Total for all systems	\$5,266,291.80	\$3,382,743.40	N/A	\$0.00	

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
<b>Primary Tower GTOWER</b>	<b>\$2,192,300.00</b>	<b>\$1,096,475.00</b>	
Current antenna waveguide removal	<i>\$166,750.00</i>	\$166,750.00	see attached "Proposal_Marsand_KTMD_antenna_replace
Ground and Building Permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	see attached American Tower cost estimate
Tower Drawing Package	<i>\$4,700.00</i>	\$4,700.00	see attached American Tower cost estimate
Current Antenna Removal Via Helicopter	<i>\$178,200.00</i>	\$178,200.00	see attached "Proposal_Marsand_KTMD_antenna_replace
Tower Helicopter Lift	<i>\$344,950.00</i>	\$344,950.00	Installation of new Antenna and line see attached "Proposal_Marsand_KTMD_antenna_replace
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$0.00	cost reflected in other portion of form detailing total work required.
Serious tower reinforcement /modifications	\$1,052,000.00	\$375,000.00	see attached American Tower cost estimate

Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$22,175.00	Price for tower mapping and structural engineering, as per ATC documentation
<b>Sub-total</b>	\$2,192,300.00	\$1,096,475.00	N/A
<b>Total for all systems</b>	\$5,266,291.80	\$3,382,743.40	N/A

## Components

Information not provided.

## 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 Justification
<b>Outside Professional Services</b>	<b>\$312,975.00</b>	<b>\$250,550.00</b>		<b>\$0.00</b>	
Additional Field Engineering Service, 20 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	I
RF Exposure Measurements	\$21,050.00	\$15,000.00	N/A	N/A	I
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	N/A	N/A	I
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$1,400.00	N/A	N/A	I
ASR modification (prepare FCC Form 854)	\$2,105.00	\$500.00	N/A	N/A	I
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	I
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	I
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	I

NEPA Section 106 environmental review, if needed	\$6,310.00	\$5,400.00	N/A	N/A	I
Project management of the transition	\$164,320.00	\$156,000.00	N/A	N/A	I
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	I
<b>Sub-total</b>	\$312,975.00	\$250,550.00	N/A	\$0.00	I
<b>Total for all systems</b>	\$5,266,291.80	\$3,382,743.40	N/A	\$0.00	I

## 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 Justification
Other Expenses	\$59,330.00	\$58,765.00		\$0.00	
Public Hearing	<i>\$2,000.00</i>	\$2,000.00	see attached ATC documentation	N/A	I
MVPD Notification of Channel Change	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	I
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	I
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	I
Non-zoning permits	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	I
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	I
Local Zoning	<i>\$750.00</i>	\$750.00	N/A	N/A	I
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	I
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	I
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	I
Sub-total	\$59,330.00	\$58,765.00	N/A	\$0.00	I
Total for all systems	\$5,266,291.80	\$3,382,743.40	N/A	\$0.00	I

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Co
	Total for all systems	\$5,266,291.80	\$3,382,743.40
			\$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
<b>Submission of Estimated Expenses Statements</b>	<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><li>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).</li></ol>	

<p>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.</p> <p>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.</p> <p>7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <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>Margaret L Tobey</b>  <i>Assistant Secretary</i></p> <p>10/26/2017</p>

## Attachments

