



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **41892** | Service: **DCA** | Call **WOHZ-CD** | Channel: **20 (UHF)**  
ID: | Sign:  
File **0000024505**  
Number:  
FRN: **0005005079** | Date **02/12**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MID-STATE TELEVISION, INC.</b> Doing Business As: MID-STATE TELEVISION, INC.	Robert Meisse 2900 PARK AVENUE, WEST MANSFIELD, OH 44906 United States	+1 (419) 529-5900	robm@wmfd.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
<b>Robert Meisse</b> <i>Midstate Television, Inc</i>	Robert Meisse 2900 Park Ave. W. Mansfield, OH 44906 United States	+1 (419) 543-1102	robm@wmfd.com

**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.	Yes
Briefly describe transition plan	WMFD-DT will have to power down or go to reduced power for WOHz-CD antenna replacement.

**Transmitters**

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

**Primary Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Rohde & Schwarz
	Model	NV8306V1
	Year	2015

Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	3 kW

**Primary Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	Other
	Other Power	2.5 kW
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary 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

**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
<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	Class A
	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)	15.0 kW
Manufacturer		

Model	SWEDL16WCS /41
Year	2015

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	Class	Class A
	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)	9.63 kW
Manufacturer		



Model	ALP16I2- HSOC-20
Year	2018
Justification for New Antenna	Required for channel # change.

**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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<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
Freight Charges	Freight Charges for new antenna

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

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

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?		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		1013230
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)		40° 45' 50.0" N-
	Longitude (NAD83)		082° 37' 04.0" W-
	Overall Structure Height		472.11 feet

Support Structure Height	472.11 feet
Ground Elevation Above Mean Sea Level (AMSL)	1379.90 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	MID STATE TELEVISION INC
Date Constructed	02/15/2013

**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
41893	WMFD-TV	DTV
31855	WVNO-FM	FM
25476	WRGM	AM

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	No study needed
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
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<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	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
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	Yes
	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	No
	Number of Days	N/A
	Justification	N/A

**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	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	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?	Yes
	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.

**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 NV8306V1</b>	<b>\$113,200.00</b>	<b>\$23,000.00</b>		<b>\$3,845.00</b>	
Other 2.5 kW mask filter	<i>\$8,000.00</i>	\$8,000.00	N/A	\$3,845.00	Tax added
UHF and VHF - minor banding issues	\$105,200.00	\$15,000.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$113,200.00</b>	<b>\$23,000.00</b>	<b>N/A</b>	<b>\$3,845.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$398,560.00</b>	<b>\$264,035.00</b>	<b>N/A</b>	<b>\$46,900.62</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Other 2.5 kW mask filter	<p><b>Component Description:</b> Antenna, Filter</p> <p><b>Amount:</b> \$3,845.00</p>
UHF and VHF - minor banding issues	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
<b>Primary Antenna ALP1612-HSOC-20</b>	<b>\$35,030.00</b>	<b>\$33,200.00</b>		<b>\$34,303.71</b>	
Freight Charges	<i>\$2,000.00</i>	\$2,000.00	N/A	\$1,500.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	\$32,803.71	Actual cost and sales tax
Sweep test of existing antenna	\$6,730.00	\$6,200.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$35,030.00</b>	<b>\$33,200.00</b>	<b>N/A</b>	<b>\$34,303.71</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$398,560.00</b>	<b>\$264,035.00</b>	<b>N/A</b>	<b>\$46,900.62</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Freight Charges	<b>Component Description:</b> Freight <b>Amount:</b> \$1,500.00
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<b>Component Description:</b> Antenna and Tax <b>Amount:</b> \$32,803.71

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Sweep test of existing  
antenna

Information not provided.

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**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
<b>Primary Tower GTOWER</b>	<b>\$84,200.00</b>	<b>\$50,000.00</b>		<b>\$0.00</b>	
Short Tower (less than 500')	\$84,200.00	\$50,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$84,200.00</b>	<b>\$50,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$398,560.00</b>	<b>\$264,035.00</b>	N/A	<b>\$46,900.62</b>	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 Cost Justification
<b>Outside Professional Services</b>	<b>\$134,440.00</b>	<b>\$126,750.00</b>		<b>\$8,751.91</b>	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$3,000.00	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	\$337.50	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

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	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	\$337.50	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,705.56	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	\$5,371.35	Extra Legal Time
<b>Sub-total</b>	\$134,440.00	\$126,750.00	N/A	\$8,751.91	N/A
<b>Total for all systems</b>	\$398,560.00	\$264,035.00	N/A	\$46,900.62	N/A

## Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.

Comprehensive coverage verification via field study, if needed	Information not provided.								
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.								
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<table> <tr> <td><b>Component Description:</b></td> <td>Form 2100</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$337.50</td> </tr> </table>	<b>Component Description:</b>	Form 2100	<b>Amount:</b>	\$337.50				
<b>Component Description:</b>	Form 2100								
<b>Amount:</b>	\$337.50								
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.								
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.								
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td><b>Component Description:</b></td> <td>Updated invoice with cover letter request for \$337.50</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$337.50</td> </tr> <tr> <td><b>Component Description:</b></td> <td>N/A</td> </tr> <tr> <td><b>Amount:</b></td> <td>N/A</td> </tr> </table>	<b>Component Description:</b>	Updated invoice with cover letter request for \$337.50	<b>Amount:</b>	\$337.50	<b>Component Description:</b>	N/A	<b>Amount:</b>	N/A
<b>Component Description:</b>	Updated invoice with cover letter request for \$337.50								
<b>Amount:</b>	\$337.50								
<b>Component Description:</b>	N/A								
<b>Amount:</b>	N/A								



<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> WOHZ Employee Time Sheet Engineer Study Work  <b>Amount:</b> \$205.56</p>
	<p><b>Component Description:</b> Engineering Study Work  <b>Amount:</b> \$2,000.00</p>
	<p><b>Component Description:</b> Engineering Study  <b>Amount:</b> \$250.00</p>
	<p><b>Component Description:</b> Engineering Work  <b>Amount:</b> \$250.00</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>

Prepare and or review  
reimbursement form

**Component Description:** 399 Form  
**Amount:** \$832.49

**Component Description:** 0  
**Amount:** N/A

**Component Description:** Staff Time  
Reimbursement  
Form  
**Amount:** \$713.86

**Component Description:** Form 399 Legal  
**Amount:** \$2,362.50

**Component Description:** Updated invoice  
with cover letter  
explaining request  
for partial invoice  
amount  
**Amount:** \$900.00

**Component Description:** 399 Form  
**Amount:** \$450.00

**Component Description:** Review  
reimbursement fund  
**Amount:** \$112.50

**Component Description:** Form 399  
**Amount:** \$337.50

**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>\$31,690.00</b>	<b>\$31,085.00</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$3,000.00</i>	\$3,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$8,000.00</i>	\$8,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$31,690.00	\$31,085.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$398,560.00	\$264,035.00	N/A	\$46,900.62	N/A

### Components

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$398,560.00	\$264,035.00	\$46,900.62

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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.

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 Meisse**  
*President*

02/12/2019



Certification	Section	Question	Response
	<b>Submission of Actual Cost Documentation Statements</b>	<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.

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 Meisse ,  
Meisse .**  
*President*

02/12/2019

## Attachments