



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **55055** | Service: **DCA** | Call **KXTQ-CD** | Channel: **24 (UHF)** |  
ID: | Sign:  
File **0000028433**  
Number:  
FRN: **0018223693** | Date **05/13**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>RAMAR COMMUNICATIONS, INC.</b> Doing Business As: RAMAR COMMUNICATIONS, INC.	Brad Moran 9800 UNIVERSITY AVENUE PO BOX 3757 LUBBOCK, TX 79452 United States	+1 (806) 748-9300	bmoran@ramarcom.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>Tee Thomas</b> <i>Chief Engineer</i> <i>Ramar Communications</i>	Tee Thomas PO Box 3757 Lubbock, TX 79452 United States	+1 (806) 548-1280	tthomas@ramarcom.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	Replace the existing transmitter to allow necessary and sufficient power to be supplied to the new combiner network to make ERP.

**Transmitters**

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

**Primary  
Transmitter**

**Add 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	1.2 kw
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.2 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	1.6 KW UHS Solid State
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.6 kW
	Justification for New Transmitter	Increased power required to provide adequate power from the new combiner network.

**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
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	10 tons
	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>New channel combiner</b>	channel 23 combiner required for new repack channel

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

**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
<b>Existing Transmission Line Description</b>	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?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	Other
	Other Segment Length	10 feet
	Number of parallel runs	1
	Length	60 feet per run

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

Facility ID	Call Sign
168090	KJTV-CD
168087	KMYL-LD

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192484

KLBB-LD

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**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	Other
	Other Segment Length	10 feet
	Number of parallel runs	1
	Length	60 feet per run
	Justification for New Transmission Line	Connect existing combiner housing the low power stations to the new combiner purchased for the repack of KXTQ-CD

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

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

**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	No
	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	Yes
	Quantity	1
	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	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services 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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

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

Cost  
Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter 1.6 KW UHS Solid State	\$193,900.00	\$95,000.00		\$77,993.38	
10 Ton system	\$38,900.00	\$15,000.00	N/A	\$14,884.38	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$51,000.00	N/A	\$50,583.50	N/A
New channel combiner	\$29,000.00	\$29,000.00	N/A	\$12,525.50	N/A
Sub-total	\$193,900.00	\$95,000.00	N/A	\$77,993.38	N/A
Total for all systems	\$265,180.00	\$171,569.00	N/A	\$111,315.15	N/A

Components

Actual Information	
Description	File Name
10 Ton system	<div>Component Description:10 ton HVAC unit needed for cooling both transmitters during interim period. Includes invoice, PO and estimate from vendor.</div> <div>Amount:\$14,884.38</div>

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div> <b>Component Description:</b> Full cost of KXTQ 2KW transmitter         </div> <div> <b>Amount:</b> \$50,583.50         </div>
	<div> <b>Component Description:</b> Original invoice was not changed. Pursuant to RFAS File Number 28433, a new scanned file is being submitted with the original invoice, vendor quote and a purchase order. Invoice amount was left at zero in order to not over inflate the actual cost.         </div> <div> <b>Amount:</b> N/A         </div>

New channel combiner	<div data-bbox="710 174 1364 846"> <div data-bbox="710 174 1013 208"><b>Component Description:</b></div> <div data-bbox="1150 174 1364 801">Original invoice was not changed. Pursuant to RFAS File Number 28433, a new scanned file is being submitted with the original invoice, vendor quote and a purchase order. Invoice amount was left at zero in order to not over inflate the actual cost.</div> <div data-bbox="710 813 817 846"><b>Amount:</b></div> <div data-bbox="1150 813 1197 846">N/A</div> </div> <div data-bbox="710 952 1375 1064"> <div data-bbox="710 952 1013 985"><b>Component Description:</b></div> <div data-bbox="1150 952 1375 1019">Full reimbursement for combiner</div> <div data-bbox="710 1030 817 1064"><b>Amount:</b></div> <div data-bbox="1150 1030 1281 1064">\$12,525.50</div> </div>
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**Cost Information**      **Antennas**  
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
Primary Transmission Line	\$6,240.00	\$18,000.00		\$17,566.77	
Rigid Transmission Line - copper, 3 1/8"	\$6,240.00	\$18,000.00	see attached Memo and diagram in uploaded docs	\$17,566.77	N/A
Sub-total	\$6,240.00	\$18,000.00	N/A	\$17,566.77	N/A
Total for all systems	\$265,180.00	\$171,569.00	N/A	\$111,315.15	N/A

**Components**

Actual Information Description	File Name
Rigid Transmission Line - copper, 3 1/8"	<div><div>Component Description:</div><div>Amount:</div><div>Transmission line assembly 3 1/8" and 1 5/8"</div><div>\$17,566.77</div></div>

Cost Information

Tower Equipment and Rigging Costs

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
Outside Professional Services	\$42,350.00	\$45,250.00		\$11,816.00	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$10,000.00	Final attorney fees for prepping and filing Form 2100 CP were more than originally expected. The additional \$5,000 requested will cover the remaining invoices submitted.	\$9,178.50	Actual costs were greater than the estimated costs
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,637.50	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

RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$42,350.00	\$45,250.00	N/A	\$11,816.00	N/A
<b>Total for all systems</b>	\$265,180.00	\$171,569.00	N/A	\$111,315.15	N/A

## Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	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

**Component Description:** Attorneys Fees  
**Amount:** \$9,178.50

**Component Description:** Legal fees  
concerning the  
prepping and filing  
of CP for repack of  
KXTQ  
**Amount:** \$2,480.00

**Component Description:** Legal fees  
concerning the  
prepping and filing  
of CP for repack of  
KXTQ  
**Amount:** \$434.00

**Component Description:** Legal fees  
concerning the  
prepping and filing  
of CP for repack of  
KXTQ  
**Amount:** \$4,589.50

**Component Description:** Legal fees  
concerning the  
prepping and filing  
of CP for repack of  
KXTQ  
**Amount:** \$1,303.00

**Component Description:** Legal fees  
concerning the  
prepping and filing  
of CP for repack of  
KXTQ  
**Amount:** \$372.00

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<b>Component Description:</b> <b>Amount:</b>	Reimbursement of full cost of invoice \$1,187.50
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b> <b>Amount:</b>	Full cost of services provided \$2,637.50
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
RF Exposure Measurements	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>\$22,690.00</b>	<b>\$13,319.00</b>		<b>\$3,939.00</b>	
MVPD Notification of Channel Change	<i>\$3,000.00</i>	\$3,000.00	N/A	\$1,705.00	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<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
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,234.00	N/A	\$2,234.00	N/A

<b>Sub-total</b>	\$22,690.00	\$13,319.00	N/A	\$3,939.00	N/A
<b>Total for all systems</b>	\$265,180.00	\$171,569.00	N/A	\$111,315.15	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p><b>Component Description:</b> MVPD Notification Service-cable and satellite services</p> <p><b>Amount:</b> \$1,705.00</p>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<p><b>Component Description:</b> Notification to medical facilities regarding frequency change. This is a revision to the invoice # and the addition of a quote to the invoice.</p> <p><b>Amount:</b> \$2,234.00</p>



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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$265,180.00	\$171,569.00	\$111,315.15

**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
	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>Keith Kerr</b> CFO  05/13/2019</p>

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).	
		<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>Keith Kerr</b> CFO</p> <p>05/13/2019</p>

## Attachments