



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **37689** | Service: **DCA** | Call **KAXT-CD** | Channel: **42 (UHF)** |
ID:
File **0000027888**
Number:
FRN: **0028887503** | Date **12/04**
Submitted: **/2017**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
OTA BROADCASTING (SFO), LLC	William Tolpegin 11710 PLAZA AMERICA DRIVE SUITE 2000 RESTON, VA 20190 United States	+1 (703) 865- 4442	tolpegin@otabroadcasting. com	Limited Liability Company

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
David Sanderford , Sanderford . Marsand, Inc.	David Sanderford Marsand, Inc. 1957 Reynolds Dr Azle, TX 76020 United States	+1 (817) 783- 5566	david@marsand. 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	See attached Transition Plan Narrative.

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	AT71K0-1
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 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	TMU9-3
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.8 kW
	Justification for New Transmitter	Please see attached Transition Plan Narrative.

**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	Establish new 480V /200A service with meter at the new location.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	10 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter **Other Transmitter Cost Not Listed**

Name	Description
Remove Existing Equipment	Landlord requires the removal of abandoned equipment in the leased space before installation of new.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	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	PSILPD12AXT-42-CP
Year	2014

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	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)	7.0 kW
	Manufacturer	

Model	ATC-BPE4C2S-U
Year	2018
Justification for New Antenna	See attached Transition Plan Narrative.

Primary Antenna

Other Antenna Costs

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

**Primary
Antenna**

Other Antenna Cost Not Listed
Information not provided.

Transmission Line

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

Primary
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	178 feet per run

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

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	400 feet per run
	Justification for New Transmission Line	Please see attached Transition Plan Narrative.

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

Add 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	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1044718
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	37° 29' 57.0" N-
	Longitude (NAD83)	121° 52' 20.0" W-
	Overall Structure Height	442.91 feet
	Support Structure Height	392.06 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2605.94 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Univision Television Group, Inc.
	Date Constructed	02/25/1998

**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
64987	KSTS	DTV
33778	KDTV-DT	DTV

Primary Tower

Tower Modification Costs

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

Primary Tower

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

Name	Description
Remove existing equipment	Remove existing antenna and transmission line from the current tower after the transition.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	350
	Explanation	Please see attached Transition Plan Narrative.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	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 Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Site Survey	Required for specifying the final equipment needs and installation planning.

**Other
Expenses**

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	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

Name	Description
Studio to Transmitter Link	Additional microwave equipment to facilitate the transition to the new tower site while maintaining operations at the existing site during the interim.

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 TMU9-3	\$184,900.00	\$165,141.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$108,141.00	N/A	N/A	N/A
Other Electrical Service: Establish new 480V/200A service with meter at the new location.	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
10 Ton system	\$38,900.00	\$37,000.00	N/A	N/A	N/A
Remove Existing Equipment	<i>\$10,000.00</i>	\$10,000.00	Landlord requires removal of abandoned equipment located in leased space before installation of new.	N/A	N/A
Sub-total	\$184,900.00	\$165,141.00	N/A	\$0.00	N/A
Total for all systems	\$1,009,124.00	\$918,272.50	N/A	\$7,749.70	N/A

Components

Information not provided.

Cost
Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ATC-BPE4C2S-U	\$33,030.00	\$6,400.00		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$33,030.00	\$6,400.00	N/A	\$0.00	N/A
Total for all systems	\$1,009,124.00	\$918,272.50	N/A	\$7,749.70	N/A

Components

Information not provided.

Cost
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$13,200.00	\$12,400.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$13,200.00	\$12,400.00	N/A	N/A	N/A
Sub-total	\$13,200.00	\$12,400.00	N/A	\$0.00	N/A
Total for all systems	\$1,009,124.00	\$918,272.50	N/A	\$7,749.70	N/A

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$608,550.00	\$578,550.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Remove existing equipment	\$9,550.00	\$9,550.00	Remove existing antenna and transmission line from the current tower after the transition.	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$19,000.00	N/A	N/A	N/A
Sub-total	\$608,550.00	\$578,550.00	N/A	\$0.00	N/A
Total for all systems	\$1,009,124.00	\$918,272.50	N/A	\$7,749.70	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
Outside Professional Services	\$121,270.00	\$115,250.00		\$7,749.70	
Site Survey	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	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	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$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	\$2,250.00	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 and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$3,312.70	The estimated cost was for the work of our consulting engineers and did not include attorney's fees.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$387.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,800.00	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
Project management of the transition	\$55,300.00	\$52,500.00	N/A	N/A	N/A
Sub-total	\$121,270.00	\$115,250.00	N/A	\$7,749.70	N/A
Total for all systems	\$1,009,124.00	\$918,272.50	N/A	\$7,749.70	N/A

Components

Actual Information	
Description	File Name
Site Survey	Information not provided.
RF Exposure Measurements	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	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	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="708 174 1015 208">Component Description:</td><td data-bbox="1150 174 1378 443">Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application.</td></tr> <tr> <td data-bbox="708 454 815 488">Amount:</td><td data-bbox="1150 454 1267 488">\$2,250.00</td></tr> </table>	Component Description:	Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application.	Amount:	\$2,250.00				
Component Description:	Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application.								
Amount:	\$2,250.00								
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.								
Prepare and or review reimbursement form	<table> <tr> <td data-bbox="708 817 1015 851">Component Description:</td><td data-bbox="1150 817 1378 1328">Please refer to lines 1,2,5 and 6 of the attached invoice totaling \$903. Less the 10% discount received the amount due is \$812.70. Please note the hours and rates are provided at the bottom of the invoice.</td></tr> <tr> <td data-bbox="708 1339 815 1373">Amount:</td><td data-bbox="1150 1339 1246 1373">\$812.70</td></tr> <tr> <td data-bbox="708 1473 1015 1507">Component Description:</td><td data-bbox="1150 1473 1378 1664">Please see line 2 of the invoice - Prepare and or review reimbursement form</td></tr> <tr> <td data-bbox="708 1675 815 1709">Amount:</td><td data-bbox="1150 1675 1267 1709">\$2,500.00</td></tr> </table>	Component Description:	Please refer to lines 1,2,5 and 6 of the attached invoice totaling \$903. Less the 10% discount received the amount due is \$812.70. Please note the hours and rates are provided at the bottom of the invoice.	Amount:	\$812.70	Component Description:	Please see line 2 of the invoice - Prepare and or review reimbursement form	Amount:	\$2,500.00
Component Description:	Please refer to lines 1,2,5 and 6 of the attached invoice totaling \$903. Less the 10% discount received the amount due is \$812.70. Please note the hours and rates are provided at the bottom of the invoice.								
Amount:	\$812.70								
Component Description:	Please see line 2 of the invoice - Prepare and or review reimbursement form								
Amount:	\$2,500.00								

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Please see lines 3 and 4 of the attached invoice totaling \$430. Less the 10% discount received the amount due is \$387. Please note the hours and rates are provided at the bottom of the invoice. Amount: \$387.00
Perform engineering study for new channel assignment and antenna development	Component Description: Please see line 3 of the invoice - Perform engineering study for new channel assignment and antenna development. Amount: \$1,800.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Project management of the transition	Information not provided.

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$48,174.00	\$40,531.50		\$0.00	
MVPD Notification of Channel Change	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$250.00</i>	\$250.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$9,000.00</i>	\$9,000.00	Freight for antenna and transmission line. Offloading equipment rental and labor.	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
Studio to Transmitter Link	<i>\$20,234.00</i>	\$20,234.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,962.50	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
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Non-zoning permits	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$48,174.00	\$40,531.50	N/A	\$0.00	N/A
Total for all systems	\$1,009,124.00	\$918,272.50	N/A	\$7,749.70	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$1,009,124.00	\$918,272.50
			\$7,749.70

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.	
		1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.	
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Charles Hultman <i>VP Finance</i> 12/04/2017

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.	
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Charles Hultman <i>VP Finance</i> 12/04/2017

Attachments