Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **35994** | Service: **DTV** | Call Sign: **KXTX-TV** | Channel: **36 (UHF)**

File Number: **0000028240**

FRN: **0019509470** | Date Submitted: **03/21/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NBC TELEMUNDO LICENSE LLC	Margaret L. Tobey 300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524-6401	MARGARET.TOBEY@NBCUNI.COM	Limited Liability Company

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Switch to backup transmitter and auxiliary antenna to allow main transmitter and combiner filter to be retuned and mask filter replaced for operation on new channel. Remain on auxiliary until operation can start on the new channel.

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	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
Existing Transmitter Manufacturer and Type	Manufacturer	Rohde & Schwarz

	Model	THU9-72
	Year	2017
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	78 kW

Primary Transmitter

Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	90 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

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
HVAC Service	Does the replacement transmitter require HVAC Service?	No

	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold 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
Combiner Retune	Rechannel Mask Filter/Combiner System (KXTX-TV Portion)

Auxiliary Transmitter

Add Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when work is done on main antenna or auxillary
	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 Output Tube
	IOT Power Type	Two
	Power Capacity	43 kW

Auxiliary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-24
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	37 kW
	Justification for New Transmitter	New transmitter required because the existing transmitter is End of Life (see attachment). Additionally, we have chosen a Solid State to replace this IOT as it is less expensive then a new IOT transmitter (details attached)

Auxiliary 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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold 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

Auxiliary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Transmitter Installation	includes electrical, xmtr install with required RF modifications, commissioning and proof, and removal of existing Comark xmtr

Antennas

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

Auxiliary Antenna

Add Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Auxiliary (Backup)
	Description of Use	used to maintain coverage when main transmitter or antenna is unavailable
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	Yes
	Is this 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	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel

Number of Stations Supported	2
Number of Panels	18
Design power capacity in use	50.0 %
Lower Limit	470.00 MHz
Upper Limit	698.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	353.0 kW
Manufacturer	Dielectric
Model	TUA-C3-6 /18U-1-R DC SM
Year	2009

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

Facility ID	Call Sign
49330	KXAS-TV

Auxiliary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

Auxiliary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2

Frequencies of channels supported	Upper and lower frequency
Frequency	470.0 MHz - 698.0 MHz

Auxiliary 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

Auxiliary Transmission Line

Add Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when primary antenna or transmitter is unavailable
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other 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	1500 feet per run

Auxiliary Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when main antenna or transmitter is unavailable
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1530 feet per run

Justification for New Transmission Line	Existing waveguide will not work on new channels for KXAS (ch 24) & KXTX (ch 36). The final cost will be split between both stations

Auxiliary 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	Move Equipment
	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?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1054150
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 35' 07.0" N-
	Longitude (NAD83)	096° 58' 07.0" W-
	Overall Structure Height	1504.90 feet
	Support Structure Height	1400.90 feet
	Ground Elevation Above Mean Sea Level (AMSL)	813.97 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Telemundo of Texas LLC
Date Constructed	02/06/2017

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
49330	KXAS-TV	DTV

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	320
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters.
Outside RF consulting Engineering Services	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
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	20

	Justification	Ground Level RF System Design

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Information not provided.

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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	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)?	No
	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
Primary Transmitter THU9-72	**$221,010.80**	**$134,464.80**		**$0.00**	
UHF and VHF - minor banding issues	$105,200.00	$23,554.00	N/A	N/A	N/A
90 kW mask filter	$99,900.00	$95,000.00	N/A	N/A	N/A
Combiner Retune	***$15,910.80***	$15,910.80	N/A	N/A	N/A
Auxiliary Transmitter THU9-24	**$1,633,764.80**	**$968,942.49**		**$80,382.40**	
Transmitter Installation	***$160,764.80***	$160,764.80	See attached quote	$80,382.40	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	$1,473,000.00	$808,177.69	N/A	N/A	N/A
Sub-total	$1,854,775.60	$1,103,407.29	N/A	$80,382.40	N/A
Total for all systems	$2,777,430.60	$1,629,201.04	N/A	$130,751.37	N/A

Components

Actual Information Description	File Name

UHF and VHF - minor banding issues	Information not provided.
90 kW mask filter	Information not provided.
Combiner Retune	Information not provided.
Transmitter Installation	**Component Description:** Aux transmitter install **Amount:** $80,382.40
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	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
Auxiliary Antenna TUA-C3-6 /18U-1-R DC SM	**$109,890.00**	**$99,750.00**		**$875.00**	
UHF – Broadband Panel, Side Mount Auxiliary /Interim, 353 horizontally polarized	***$0.00***	$0.00	Re-use existing antenna	N/A	N/A
Sweep test of existing antenna	$6,730.00	$1,750.00	See Marsand quote	$875.00	N/A
New combiner, cost per channel (without antenna)	$84,200.00	$80,000.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	$13,700.00	$13,000.00	N/A	N/A	N/A

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	$5,260.00	$5,000.00	N/A	N/A	N/A
Sub-total	$109,890.00	$99,750.00	N/A	$875.00	N/A
Total for all systems	$2,777,430.60	$1,629,201.04	N/A	$130,751.37	N/A

Components

Actual Information Description	**File Name**
UHF – Broadband Panel, Side Mount Auxiliary /Interim, 353 horizontally polarized	Information not provided.
Sweep test of existing antenna	**Component Description:** See "antenna & transmission line sweep) on invoice **Amount:** $875.00
New combiner, cost per channel (without antenna)	Information not provided.
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	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
Auxiliary Transmission Line	**$354,960.00**	**$156,678.75**		**$0.00**	
Rigid Transmission Line - copper, 6 1 /8" broadband	$354,960.00	$156,678.75	50% of $313,357.50 from quote	$0.00	N/A
Sub-total	$354,960.00	$156,678.75	N/A	$0.00	N/A
Total for all systems	$2,777,430.60	$1,629,201.04	N/A	$130,751.37	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 GTOWER	**$210,500.00**	**$85,100.00**		**$42,550.00**	
Tall Tower (greater than 500')	$210,500.00	$85,100.00	See attached quote, first 2 lines plus "misc items"	$42,550.00	N/A
Sub-total	$210,500.00	$85,100.00	N/A	$42,550.00	N/A
Total for all systems	$2,777,430.60	$1,629,201.04	N/A	$130,751.37	N/A

Components

Actual Information Description	File Name	
Tall Tower (greater than 500')	**Component Description:**	See all lines on invoice except sweep.
	Amount:	$42,550.00

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	**$169,225.00**	**$106,750.00**		**$6,943.97**	
Project management of the transition	$50,560.00	$48,000.00	N/A	$5,906.45	N/A
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	$583.92	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	$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
Comprehensive coverage verification via field study, if needed	$84,200.00	$25,000.00	N/A	N/A	N/A
Additional Field Engineering Service, 20 Days	***$20,000.00***	$20,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	$5,260.00	$5,000.00	N/A	$453.60	N/A
Sub-total	$169,225.00	$106,750.00	N/A	$6,943.97	N/A
Total for all systems	$2,777,430.60	$1,629,201.04	N/A	$130,751.37	N/A

Components

Actual Information Description	File Name

Project management of the transition	**Component Description:**	Project Management Services
	Amount:	$1,072.50
	Component Description:	Project Management Services
	Amount:	$2,145.00
	Component Description:	Project Management Services
	Amount:	$348.95
	Component Description:	Project Management Services
	Amount:	$1,365.00
	Component Description:	Project Management Services
	Amount:	$975.00
Prepare and or review reimbursement form	**Component Description:**	See lines 3-5 of invoice, less 10% vendor discount.
	Amount:	$424.26
	Component Description:	Amendments of Form 399
	Amount:	$159.66

Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Additional Field Engineering Service, 20 Days	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	**Component Description:** **Amount:** **Component Description:** **Amount:**	See lines 1 & 2 of invoice, less 10% vendor discount. $226.80 Preparation of minor change application $226.80

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	**$78,080.00**	**$77,515.00**		**$0.00**	
Develop and air announcement of upcoming channel change	***$25,000.00***	$25,000.00	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 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
Equipment Delivery and Handling Charges	***$5,000.00***	$5,000.00	N/A	N/A	N/A
Equipment Storage	***$24,000.00***	$24,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	***$12,000.00***	$12,000.00	N/A	N/A	N/A
Sub-total	$78,080.00	$77,515.00	N/A	$0.00	N/A

Total for all systems	$2,777,430.60	$1,629,201.04	N/A	$130,751.37	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$2,777,430.60	$1,629,201.04	$130,751.37

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.	**Margaret L Tobey** *Assistant Secretary* 03/21/2018

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 IMPRISIONMENT (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.	**Margaret L Tobey** *Assistant Secretary* 03/21/2018

Attachments