



(REFERENCE COPY - Not for submission)

FCC Form 399: Eligibility Certification

Facility ID: 3242 | Service: FM | Call Sign: WVIK | File Number: 0000086621

FRN: 0002861383 | Eligibility Status: Eligible | Date Submitted: 10/15/2019

Applicant
Information

Applicant	Address	Phone	Email	Applicant Type
AUGUSTANA COLLEGE	Jay Pearce 639 38TH STREET ROCK ISLAND, IL 61201 United States	+1 (309) 794-7500	jaypearce@wvik.org	Private Not-for-Profit Educational Institution

Contact
Representatives
(2)

Contact Name	Address	Phone	Email	Contact Type
BARRY PERSH GRAY MILLER PERSH LLP	1200 NEW HAMPSHIRE AVE., NW WASHINGTON, DC 20036 United States	+1 (202) 776- 2458	BPERSH@GRAYMILLERPERSH. COM	Legal Representative
DOUG VERNIER <i>ENGINEERING</i> Doug Vernier Telecommunication Consultants	TELECOMMUNICATIONS CONSULTANTS 1600 PICTURESQUE DR. CEDAR FALLS, IA 50613 United States	+1 (319) 266- 8402	DVERNIER@V-SOFT.COM	Technical Representative

Eligibility Information

Section	Question	Response
FM Eligibility	Licensee was licensed or had an application for license (FCC Form 302, 319, 350) pending on April 13, 2017.	Yes
	Licensee was transmitting on April 13, 2017.	Yes
	Permanently relocate its main transmission site.	No
	Temporarily dismantle all or some of the facilities at its main transmission site.	No
	Construct or modify interim auxiliary facilities to avoid unreasonable disruption of broadcast service because without construction or modification of such interim facility because:	Yes
	the Station's primary or existing auxiliary facilities would lose more than 20 percent of the Station's normal covered population or more than 20 percent of its normal coverage area, and	Yes
	service would be lost for more than 24 hours and service loss would not be limited to the hours 12 AM to 5 AM local time.	Yes
	Licensee is not requesting reimbursement for payments previously received or expected to be received from the Fund and is not requesting reimbursement of expenses paid or expected to be paid by any other source.	Yes

The repacked full power or Class A television station(s) causing this FM Facility to incur costs as a result of the reorganization of the broadcast television spectrum

Facility ID	Call Sign
6885	KWQC-TV

All date(s) and time(s) that broadcast transmissions at the main transmission site are or were required to cease or to operate at reduced power from the Station's primary facility

Date From	Date To
08/21/2019 9:00 AM	08/21/2019 10:00 AM
08/27/2019 9:00 AM	08/27/2019 4:00 PM
08/30/2019 9:00 AM	08/30/2019 3:00 PM
09/12/2019 9:00 AM	09/12/2019 2:00 PM
09/14/2019 0:00 PM	09/14/2019 4:00 PM
09/20/2019 11:00 AM	09/20/2019 2:00 PM
10/04/2019 3:00 PM	10/04/2019 6:00 PM
10/09/2019 1:00 PM	10/09/2019 5:00 PM
10/10/2019 9:00 AM	10/10/2019 10:00 AM

All date(s) and time(s) that broadcast transmissions are or will be made from the interim auxiliary facilities constructed using funds from the TV Broadcaster Relocation Fund

From	To
09/25/2019 9:00 AM	09/25/2019 3:00 PM

Certification

Section	Question	Response
Submission of Eligibility Certification	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS IN 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).	
	<div><div>1.</div><div>The Authorized Person signing below certifies and represents that he/she is authorized to submit this TV Broadcaster Relocation Fund Eligibility Certification Form on behalf of the above-named entity.</div></div> <div><div>2.</div><div>The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</div></div> <div><div>3.</div><div>The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</div></div> <div><div>4.</div><div>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.</div></div>	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<div><div>Colleen Sibthorp</div><div>Director of Finance and Membership</div><div>10/15/2019</div></div>

Attachments

Information not provided.