

(REFERENCE COPY - Not for submission)

FCC Form 399: Eligibility Certification

	Facility ID: 168349	Service: LPD Call Sign:	KEJR-LD Char	nnel: 32 (UHF)	File Number: 0000085903	
	FRN: 0033178815	Eligibility Status: Eligible	Date Submitted: 1	0/10/2019		
Applicant Information	Applicant	Address	Phone	Email		Applicant Type
	HC2 Station Group, Inc.	, RENEE ILHARDT 450 Park Avenue 30th Floor New York, NY 10022 United States	+1 (954) 606- 5486	RILHARD ⁻ COM	T@HC2BROADCASTING.	Corporation

Contact Representatives (3)	Contact Name	Address	Phone	Email	Contact Type
	Kurt Hanson Chief Technology Officer HC2 BROADCASTING HOLDINGS, INC.	450 Park Avenue 30th Floor New York, NY 10022 United States	+1 (212) 339- 5835	KHANSON@HC2BROADCASTING. COM	Technical Representative
	Rebecca Hanson <i>EVP and General Counsel</i> HC2 BROADCASTING HOLDINGS, INC.	450 Park Avenue 30th Floor New York, NY 10022 United States	+1 (212) 339- 5832	RHANSON@HC2BROADCASTING. COM	Legal Representative
	Renee Ilhardt DTV AMERICA CORPORATION	450 Park Avenue 30th Floor New York, NY 10022 United States	+1 (954) 606- 5486	RILHARDT@HC2BROADCASTING. COM	Corporate Representative

Eligibility Information	Section	Question	Response
	LPTV/Translator Eligibility	Selected LMS File Number of Granted Displacement Construction Permit	
		There is no Granted Displacement Construction Permit for this facility because this facility has been granted a License to Cover.	No
		The Station was licensed or had an application for license (FCC Form 2100 Schedule D) pending on April 13, 2017.	Yes
		The Station was licensed and transmitting for not less than 2 hours in each day of the week and not less than a total of 28 hours per calendar week for 9 of the 12 months prior to April 13, 2017.	Yes
		Licensee has attached true copies of documents or other evidence that demonstrate the Station's operation as described in Section III.1.a.ii.	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

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).	
		 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. The above-named entity 	
		certifies that the statements in this form and attached documentation are true, complete, and correct.	
		 The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	
		4. 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.	HENRY TURNER CHIEF OPERATING OFFICER
			10/10/2019

Information not provided.

Attachments