Approved by OMB (Office of Management and Budget) 3060-1178
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Eligibility Certification

Facility ID: **167509** | Service: **LPD** | Call Sign: **KEGG-LD** | Channel: **35 (UHF)** | File Number: **0000089852**

FRN: **0018897850** | Eligibility Status: **Eligible** | Date Submitted:

## Applicant Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **HOSANNA APOSTOLIC MINISTRIES BROADCASTING CORPORATION** | 7812 W. Sage Creek Ct.<br>Tuscon, AZ<br>85743<br>United States | +1 (520) 971-9274 | dja@commlaw.tv | Not-for-Profit |

## Contact Representatives (1)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| **Darryl K DeLawder , President .**<br>*ENGINEERING CONSULTANT*<br>DeLawder Communications, Inc. | P.O. Box 1095<br>ASHBURN, VA 20146<br>United States | +1 (703) 299-9222 | DELAWDER@AOL.COM | Technical 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). | |
| | 1. 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.<br>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<br>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>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. | **Gaspar Cota**<br>*President*<br><br>01/24/2020 |

## Attachments

Information not provided.