

**FCC Application for Radio Service Authorization:  
Wireless Telecommunications Bureau  
Public Safety and Homeland Security Bureau**

1) Radio Service Code:	1a) Existing Radio Service Code:
------------------------	----------------------------------

**General Information**

2) (Select only one) (      ) <b>NE</b> - New <b>RO</b> - Renewal Only <b>AU</b> - Administrative Update <b>NT</b> - Required Notifications <b>MD</b> - Modification <b>RM</b> - Renewal/Modification <b>WD</b> - Withdrawal of Application <b>EX</b> - Requests for Extension of Time <b>AM</b> - Amendment <b>CA</b> - Cancellation of License <b>DU</b> - Duplicate License <b>RL</b> - Registered Location/Link	
3a) If this application is for a <u>D</u> emonstration License or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N/A</u> ' (Not Applicable).	(    ) <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(    ) <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6a) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM      DD ____ / ____
6b) If this application is for a Renewal Only or Renewal/Modification and the license is a geographic area license, is the license used to provide service to customers ( <u>C</u> ), or is the license used for private business (internal) purposes or to meet the licensee's public interest/public safety communications needs ( <u>P</u> )?	(    ) <u>C</u> <u>P</u>
7) Is this application "major" as defined in § 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of § 1.929).	(    ) <u>Y</u> es <u>N</u> o
8) Are attachments (other than associated schedules) being filed with this application?	(    ) <u>Y</u> es <u>N</u> o

**Fees, Waivers, and Exemptions**

9) Is the Applicant exempt from FCC application fees?	(    ) <u>Y</u> es <u>N</u> o
10) Is the Applicant exempt from FCC regulatory fees?	(    ) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(    ) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', and a feeable waiver request is attached, enter the number of rule sections involved.	Number of Rule Section(s): _____
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(    ) <u>Y</u> es <u>N</u> o

**Applicant Information**

13) FCC Registration Number (FRN):			
14) Applicant/Licensee Legal Entity Type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Consortium <input type="checkbox"/> Other: _____			
15) If the Licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			( <input type="checkbox"/> ) <b>Yes</b> <input type="checkbox"/> <b>No</b>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual):			
18) Attention To:			
19) P.O. Box:	And/Or	20) Street Address:	
21) City:	22) State:	23) Zip Code:	
24) Telephone Number:	25) Fax:		
26) E-Mail Address:			

**27) Demographics (Optional)**

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
--	--	---

**Real Party in Interest**

28) Name of Real Party in Interest of Applicant (If different from Applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

**Contact Information (If different from the Applicant)****(  ) Check here if same as Applicant.**

30) First Name:	MI:	Last Name:	Suffix:
31) Company Name:			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address:	
35) City:	36) State:	37) Zip Code:	
38) Telephone Number:	39) Fax:		
40) E-Mail Address:			

**Signature**

60) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
-------------	-----	------------	---------

61) Title:
------------

Signature:	62) Date:
------------	-----------

**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.**

Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, § 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).**

**FCC 601  
Schedule D**

**Wireless Telecommunications Bureau and/or  
Public Safety and Homeland Security Bureau  
Schedule for Station Locations and Antenna Structures**

Approved by OMB  
3060 - 0798

See 601 Main Form Instructions  
for public burden estimate

1) Action Requested: ( ) <b>A</b> dd <b>M</b> od <b>D</b> el		2) Location Number:	
3) Location Description:		4) Area of Operation Code:	5) Location Name:
6) FCC Antenna Structure Registration Number, FCC 854 File Number or N/A:			
7) Latitude (DD-MM-SS.S): <b>NAD83</b> ( ) <u>N</u> or <u>S</u>		8) Longitude (DDD-MM-SS.S): <b>NAD83</b> ( ) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code ‘A’)	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b> <b>NAD83</b> ( ) <u>N</u> or <u>S</u>		22) Maximum Longitude (DDD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b> <b>NAD83</b> ( ) <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? ( ) <b>Y</b> es <b>N</b> o			
24) Description: (only for Area of Operation Code ‘O’)			
25) Number of Units: ___Hand Held___Mobile ___Temporary Fixed ___Aircraft ___Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See 47 CFR § 1.1307. ( ) <b>Y</b> es <b>N</b> o If ‘Yes’, submit an environmental assessment as required by 47 CFR §§ 1.1308 and 1.1311.			
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? ( ) <b>Y</b> es <b>N</b> o			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? ( ) <b>Y</b> es <b>N</b> o			

**FCC 601  
Schedule D**

**Wireless Telecommunications Bureau and/or  
Public Safety and Homeland Security Bureau  
Schedule for Station Locations and Antenna Structures**

Approved by OMB

3060 - 0798

See 601 Main Form Instructions  
for public burden estimate

1) Action Requested: ( ) <b>A</b> dd <b>M</b> od <b>D</b> el		2) Location Number:	
3) Location Description:		4) Area of Operation Code:	5) Location Name:
6) FCC Antenna Structure Registration Number, FCC 854 File Number or N/A:			
7) Latitude (DD-MM-SS.S): <b>NAD83</b> ( ) <u>N</u> or <u>S</u>		8) Longitude (DDD-MM-SS.S): <b>NAD83</b> ( ) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code ‘A’)	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b> <b>NAD83</b> ( ) <u>N</u> or <u>S</u>		22) Maximum Longitude (DDD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b> <b>NAD83</b> ( ) <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? ( ) <b>Y</b> es <b>N</b> o			
24) Description: (only for Area of Operation Code ‘O’)			
25) Number of Units: ___Hand Held___Mobile ___Temporary Fixed ___Aircraft ___Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See 47 CFR § 1.1307. ( ) <b>Y</b> es <b>N</b> o If ‘Yes’, submit an environmental assessment as required by 47 CFR §§ 1.1308 and 1.1311.			
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? ( ) <b>Y</b> es <b>N</b> o			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? ( ) <b>Y</b> es <b>N</b> o			

**FCC 601  
Schedule D**

**Wireless Telecommunications Bureau and/or  
Public Safety and Homeland Security Bureau  
Schedule for Station Locations and Antenna Structures**

Approved by OMB

3060 - 0798

See 601 Main Form Instructions  
for public burden estimate

1) Action Requested: ( ) <b>A</b> dd <b>M</b> od <b>D</b> el		2) Location Number:	
3) Location Description:		4) Area of Operation Code:	5) Location Name:
6) FCC Antenna Structure Registration Number, FCC 854 File Number or N/A:			
7) Latitude (DD-MM-SS.S): <b>NAD83</b> ( ) <u>N</u> or <u>S</u>		8) Longitude (DDD-MM-SS.S): <b>NAD83</b> ( ) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code ‘A’)	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b> <b>NAD83</b> ( ) <u>N</u> or <u>S</u>		22) Maximum Longitude (DDD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b> <b>NAD83</b> ( ) <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? ( ) <b>Y</b> es <b>N</b> o			
24) Description: (only for Area of Operation Code ‘O’)			
25) Number of Units: ___Hand Held___Mobile ___Temporary Fixed ___Aircraft ___Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See 47 CFR § 1.1307. ( ) <b>Y</b> es <b>N</b> o If ‘Yes’, submit an environmental assessment as required by 47 CFR §§ 1.1308 and 1.1311.			
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? ( ) <b>Y</b> es <b>N</b> o			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? ( ) <b>Y</b> es <b>N</b> o			

**Technical Data Schedule for the  
Private Land Mobile and Land Mobile Broadcast Auxiliary  
Radio Services (Parts 90 and 74)**

**Eligibility**

1) Rule Section:	2) Describe Activity:
------------------	-----------------------

**Frequency Coordinator Information (if not self-coordinated)**

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
7) Has this application been successfully coordinated?			( ) <u>Yes</u> / <u>No</u>

**Extended Implementation (Slow Growth)**

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	( ) <u>Yes</u> / <u>No</u>
---	----------------------------

**Associated Call Signs (Attach additional sheets if required)**

9)				

**Broadcast Auxiliary Only**

<b>If there is an associated Parent Station, complete Items 10-12.</b>	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this Applicant is a: ( ) <input type="checkbox"/> Cable Network Entity <input type="checkbox"/> Broadcast Network Entity <input type="checkbox"/> Television <input type="checkbox"/> Cable Operator <input type="checkbox"/> Large Venue Owner or Operator <input type="checkbox"/> Motion Picture Producer <input type="checkbox"/> Professional Sound Company <input type="checkbox"/> Television Producer	14) State of Primary Operation:		

**Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)**

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number

**Antenna Information**

<b>19) Action ( ) A/M/D</b>	<b>20) Location Number</b>	<b>21) Antenna Number</b>	<b>22) AAT (meters)</b>	<b>23) Antenna Ht. (meters)</b>	<b>24) Azimuth (degrees)</b>	<b>25) Beamwidth (degrees)</b>	<b>26) Polarization</b>	<b>27) Gain (dB)</b>



**Frequency Information**

28) Action ( ) A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						