

Phone: 270-908-4402
<http://www.prosrf.com>

License Application Worksheet

Applicant Information

Legal Name of Applicant: <small>(Name to appear on the License)</small>			
Applicant is a <small>(check only one please)</small>	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Government Entity
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Other <small>(please specify)</small>
Applicant FRN (FCC Registration Number), if you have one:			
FRN Password (if known):			
Applicant's Federal Tax ID (EIN) or Social Security Number:			
Name of individual who will sign the application:			
Title of individual signing the application: <small>(i.e. Owner, President, Manager, FCC Liaison, etc.)</small>			
Contact Information for person signing the application:			
Telephone Number:			
Fax Number:			
Mailing Street Address:			
Mailing City, State, & Zip:			
Email Address:			
Radio Dealer's Contact Person:			

PREPARED BY:

PHONE #:

DATE:

(Attach pages with any additional information or system diagrams.)

This application is for: New License Modification to call sign

In the space below, briefly describe the purpose of the radio system...nature of business, governmental organization, Police, Fire, etc.

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Control Point #1 Address:	Phone:
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City:	State:	County:
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Control Point #2 Address:	Phone:
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City:	State:	County:
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System Information

Specify Band: Low Band VHF VHF UHF Other

Channel band width: <input type="checkbox"/> Narrow <input type="checkbox"/> Very Narrow	<input type="checkbox"/> Analog <input type="checkbox"/> Digital (<input type="checkbox"/> NXDN or <input type="checkbox"/> MOTOTRBO)
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Trunked Network Trunked Conventional Simulcast

This system will be used for : Voice Data Both Voice and Data

Comments/Notes on System:	
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Mobile Only System - use only for systems without a base transmitter (mobile to mobile)

Number of MO frequencies to add	
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Number of Mobile Units:	Output Power:	ERP:
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Vehicular Repeater System

Number of MO3 frequencies to add	
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Number of Mobile Units:	Output Power:	ERP:
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Band for MO3: Low Band VHF VHF UHF Other

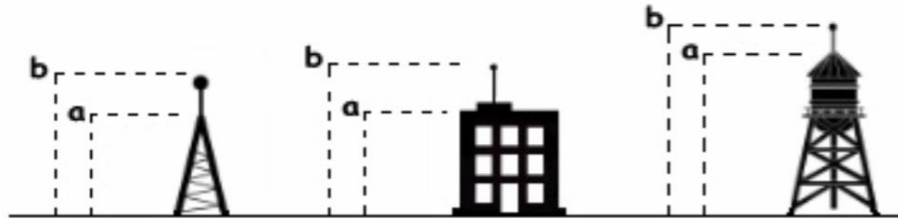
Site Information (copy & fill out page for each site)

Site Name:

Transmitter street address: OR Nearest major intersection:		Distance from intersection
City:	County:	State:
Latitude:	Longitude:	

Antenna Information

Does a building or a tower support the antenna?	<input type="checkbox"/> Building <input type="checkbox"/> Guyed Tower <input type="checkbox"/> Lattice Tower <input type="checkbox"/> Monopole <input type="checkbox"/> Tank <input type="checkbox"/> Other (please specify)
Building or tower height (specify feet or meters):	<input type="checkbox"/> feet <input type="checkbox"/> meters
Enter the height above ground level to the highest point of the supporting structure only. Refer to letter 'a' in the antenna structure figure examples below.	
Height of antenna (specify feet or meters):	<input type="checkbox"/> feet <input type="checkbox"/> meters
The overall height above ground level of the entire antenna structure to the highest point, including any appurtenances. Refer to letter 'b' in the antenna structure figure examples below.	
Is this site registered with the FCC? (ASR):	<input type="checkbox"/> Yes <input type="checkbox"/> No ASR #



Requested Frequency Information for the above Site

Number of Repeater Pairs to add to this site (<input type="checkbox"/> FB2, <input type="checkbox"/> FB6, <input type="checkbox"/> FB8)	Number of Base Frequencies to add to this site (FB)		
Repeater Power Repeater ERP	Base Power Base ERP		
List preferred Frequency or other additional information/instructions:			
Number of Associated Mobiles (per base)	Power	ERP	Gain

(Copy & fill out this page for each site.)

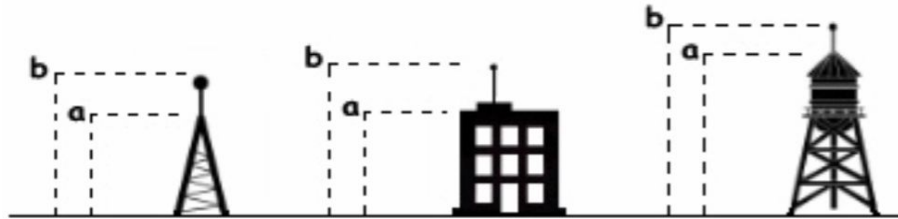
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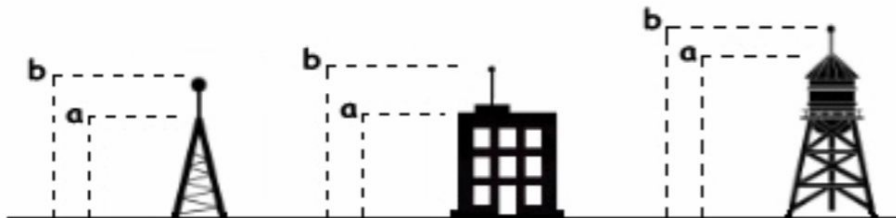
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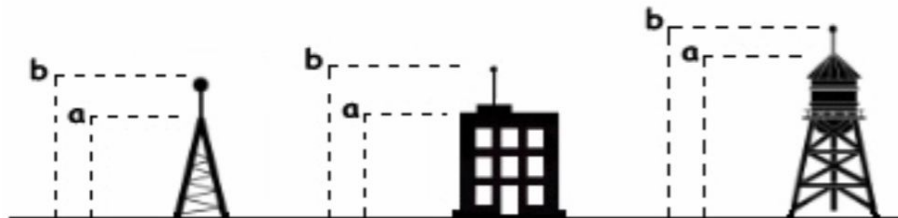
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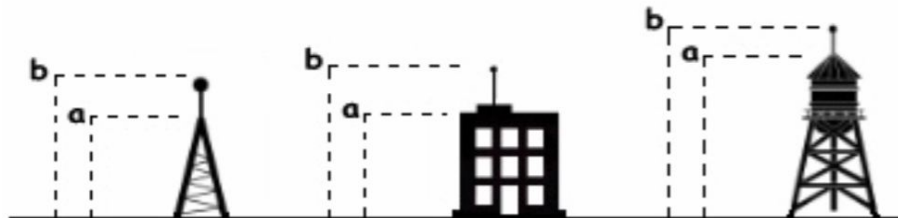
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