



## 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"/> Partnership	<input type="checkbox"/> Individual
		<input type="checkbox"/> Government Entity
		<input type="checkbox"/> Other <small>(please specify)</small>
Applicant FRN (FCC Registration Number), if you have one:		
FRN Password (if known):		
Applicant 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 Dealership Name:		
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 <small>Please note that modification of an existing system with wideband emissions will only be allowed if the new system contours are contained within the old system contours.</small>	<input type="checkbox"/> Analog <input type="checkbox"/> Digital <small>(<input type="checkbox"/> NXDN or <input type="checkbox"/> MOTOTRBO)</small>
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Trunked     Network Trunked     Conventional     Simulcast

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

This system will use telephone interconnect :     Yes     No

Comments/Notes on System:	
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<input type="checkbox"/> Mobile Only System	Number of MO frequencies to add
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Number of Mobile Units	Wattage:	ERP:	Gain:
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<input type="checkbox"/> Vehicular Repeater System	Number of MO3 frequencies to add
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Number of Mobile Units	Wattage:	ERP:	Gain:
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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: <b>or</b> 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 Repeater Gain	Base Power Base ERP Base Gain
List preferred Frequency or other additional information/instructions:	
Number of Associated Mobiles (per base)	Power    ERP    Gain