



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

Mobile Only Frequency License Application Worksheet

Applicant Information

Legal Name of Applicant:

(Name to appear on the License)

Applicant is a
(check only one please)

<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 (please specify)

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:
(i.e. Owner, President, Manager, FCC Liaison, etc.)

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:

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.

Control Point #1 Address:

Phone:

City:

State:

County:

Control Point #2 Address:

Phone:

City:

State:

County:

System Information

Specify Band:

VHF

UHF

Channel band width:

Narrow

Very Narrow

Analog

Digital

(NXDN or MOTOTRBO)

This system will be used for :

Voice

Data

Both Voice and Data

Comments/Notes
on System:

Requested area of operation :

Countywide

Statewide

Area around lat/longs

Latitude

Longitude

Radius

(UHF is max 32 kilometer radius and VHF is max 40km)

Other (describe)

Number of MO frequencies to add

Number of Mobile Units

Wattage:

ERP: