

1. ___ Name / ___ DBA: (as it should appear on license)

2. Applicant is: COMPANY. ___, INDIVIDUAL ___, PARTNERSHIP ___, ASSOC. ___ or GOV'T ENTITY ___

3. Mailing address to be used by FCC: _____

4. Federal Tax ID for license user: _____

5. Name of CONTACT PERSON: (print) _____

6. Type of RADIO SERVICE: Business, Manufacturing, Taxicab, etc.: _____

7. Is this application NEW ___, MODIFIED ___, or RE-INSTALLED ___

8. Is this license for a BASE ___, MOBILES ___, MOBILE RELAY ___, MOBILE ITINERANT ___ COMMUNITY REPEATER ___, SMR ___ or other _____

9. Number of Control Stations with antenna 20' tall or over _____
(List on separate sheet with same info as #10 below)

Number of Control Stations with antenna 20' tall or UNDER _____

PRIMARY CONTROL POINT _____ Tele # _____

(List street address for each location) _____

10. Base TRANSMITTER location:(a) (if more than one, use separate sheet)

Street address _____

City _____, Country _____, State _____, Zip Code _____

Structure Type: _____, Code _____, Description (See attached sheet or request from WRR)

Height of Support Structure _____ meters. Total height of support structure and antenna _____ meters

Owner of Structure: _____ Owners tele # _____ fax # _____

Has FAA been notified? _____ Has tower been registered with FCC? _____ Tower # _____

Latitude ___/___/___ N and Longitude ___/___/___ W (NAD83) Ground Elevation _____ meters

County _____

11. BASE Frequencies: I am requesting ___ VHF ___ UHF or ___ (470+, 800, 900) freq. – Single freq. ___ Pair ___

Please have the coordinator select for me. ___ or submit Base Freq. ___ # units ___ output ___ w ERP ___

Base Freq. ___ # units ___ output ___ w ERP ___

12. MOBILE Frequencies: I am requesting ___ VHF, ___ UHF or (470+, 800, 900) frequencies.

Please have the coordinator select for me. ___ or submit Mobile Freq. _____ #units ___ output w ___

Mobile Freq. _____ #units ___ output w ___

13. Number of Portables Vehicle ___ Hand Held ___ Pagers ___ Area of Operations _____

(kilometers, counties, or state)

Required on all Mobile only apps. – Latitude ___/___/___ N Longitude ___/___/___ W (NAD83) County _____

14. Applicants business activity: We are engaged in the business of: _____

Radios are used for: _____