

NATIONAL LICENSE

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BASE/MOBILE INFORMATION WORKSHEET TO OBTAIN FCC LICENSE

APPLICANT NAME: _____

CONTACT PERSON/TITLE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP _____ TELEPHONE: _____

FEDERAL TAXPAYER ID # _____ CORPORATION ? YES NO

DESCRIBE BUSINESS ACTIVITY: _____

LOCATION OF SYSTEM: _____

(Physical Address or Description is Required)

LOUISIANA PARRISH/ALASKA:BORO REQUIRED

CITY: _____ COUNTY: _____ STATE: _____

LATITUDE: _____ LONGITUDE: _____ ELEVATION _____

BASE INFORMATION

WATTAGE OUTPUT: _____ ANT. GAIN _____ ERP _____

EQUIPMENT: PLEASE PROVIDE EXACT EMISSION DESIGNATOR(S) _____

TYPE OF ANTENNA SUPPORTING STRUCTURE: () BLDG. () TOWER () POLE

HEIGHT OF STRUCTURE: _____ + ANTENNA LENGTH _____ = _____ TO TIP

NUMBER OF BASE STATIONS: _____ * IF ADD'L.BASES, PROVIDE SAME INFO FOR EACH BASE*

FREQUENCY INFORMATION

NUMBER OF UNITS: _____ WATTAGE OUTPUT _____ PAGERS _____

AREA OF OPERATION _____ FREQ. RANGE: VHF UHF LOW BAND 800/900

FREQUENCIES REQUESTED: _____

NEW LICENSE _____ *MODIFICATION _____ CALL SIGN _____

*IF MODIFICATION, PLEASE PROVIDE A COPY OF THE CURRENT LICENSE TO MODIFY
DESCRIBE MODIFICATION: _____

DEALER INFORMATION

DEALERSHIP NAME: _____ CONTACT PERSON: _____

TELEPHONE # () _____ FAX # () _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

