

TELEMETRY SYSTEM WORKSHEET

Radio Dealer _____

Applicant _____

Fed. Tax ID# _____

Dealer Ph. # _____

Mailing Address _____

Contact Person _____

City/State/Zip _____

Phone # _____

Physical Location/Unit	City	County	State	Latitude	Longitude	Ant Azimuth		Antenna Front To Back Ratio	Ant Gain ERP	RF Pwr Output Emission
						Grnd Elev	Ant Hgt Above Grnd			

CIRCLE ONE: Simplex or Duplex (Pair)

CIRCLE ONE: Wideband or Narrowband

Emission Designator _____

CIRCLE ONE: Frequency Band UHF or VHF

Total # Frequencies Being Requested _____

NATIONAL LICENSE CORPORTION
 9050 Briarclift Rd.
 Indianapolis, IN 46256
 Ph 317-849-5866 Fax 800-841-0516