

NATIONAL LICENSE

12591 BROMPTON ROAD, CARMEL, IN 46033
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WORKSHEET TO MODIFY LICENSE TO ADD OR CHANGE TO NARROWBAND EMISSION DESIGNATORS

APPLICANT NAME: _____

CONTACT PERSON/TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE#: _____

FCC LICENSE CALL SIGN(S) : _____

ARE YOU UPDATING MAILING ADDRESS & PHONE NUMBER **YES** **NO**

EMISSION DESIGNATOR INFORMATION

ADD **CHANGE** LICENSED EMISSION(S) TO THE FOLLOWING:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 11K2F3E
12.5 ANALOG VOICE | <input type="checkbox"/> 11K2F1E
12.5 DIGITAL VOICE | <input type="checkbox"/> 11K2F1D
12.5 DIGITAL
DATA | <input type="checkbox"/> 11K2F2D
12.5 DIGITAL DATA |
| <input type="checkbox"/> 7K60FXE
TDMA VOICE & DATA | <input type="checkbox"/> 7K60FXD
TDMA DATA | <input type="checkbox"/> 4K00F1E
6.25 DIGITAL
VOICE | <input type="checkbox"/> 4K00F1D
6.25 DIGITAL DATA |
| <input type="checkbox"/> 8K30F1E
12.5 DIGITAL VOICE | <input type="checkbox"/> 8K30F1D
12.5 DIGITAL DATA | <input type="checkbox"/> 8K10F1E
P-25 DIGITAL VOICE | <input type="checkbox"/> 8K10F1E
P-25 DIGITAL
DATA |

OTHER _____

RADIO DEALER INFORMATION

(If applicable)

DEALERSHIP NAME: _____ CONTACT PERSON: _____

TELEPHONE # () _____ FAX # () _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PLEASE RETURN WORKSHEET AND SIGNATURE AUTHORIZATION ALONG WITH YOUR CHECK. WE ALSO ACCEPT VISA, MASTERCARD AND DISCOVER.