

Application for Mobile Radio Service Authorization
or Rural Radiotelephone Service Authorization

FEE Use Only

FILING FEE

(a) Fee Type Code	(b) Fee Multiple	(c) Fee Due for Fee Type Code in (a)	(d) Total Amount Due \$	FEE Use Only
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APPLICANT

1. Legal Name of Applicant (#12 and/or #13)		2. Voice Telephone Number (#22)	
3. Assumed Name Used for Doing Business (if any) (#13 – Businesses Only)		4. Fax Telephone Number (#23)	
5. Mailing Street Address or P.O. Box (#17 and/or #18) ATTENTION: (#16)			
6. City (#19)		7. State (#20)	8. Zip Code (#21)

9. Name of Contact Representative (if other than applicant) (#25)		10. Voice Telephone Number (#32)	
11. Firm or Company Name (#26)		12. Fax Telephone Number (#33)	
13. Mailing Street Address or P.O. Box (#27 and/or #28)			
14. City (#29)		15. State (#30)	16. Zip Code (#31)

CLASSIFICATION OF FILING

17. This filing is a (an) (#2) <input checked="" type="checkbox"/> New application <input type="checkbox"/> Amendment to a pending application	
18. Does the applicant believe that this filing should be classified as MINOR under 47 U.S.C. ? 309? (#7) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	
19. If not minor under 47 U.S.C. ? 309, classification for purposes of competitive bidding: () <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Renewal	
20. If this filing is in reference to an existing station: Call sign of existing station: (#5)	21. If this filing is an amendment to a pending application: File number of pending application: (#4) Date Filed:

NATURE OF SERVICE

22. This filing is for authorization to provide or use the following type(s) of radio service: (#35 – See Note #1) <input checked="" type="checkbox"/> Commercial mobile <input type="checkbox"/> Private mobile <input type="checkbox"/> Both commercial and private mobile <input type="checkbox"/> Fixed		
23. Users are or will be: (#35 – See Note #1) <input checked="" type="checkbox"/> Public subscribers <input type="checkbox"/> Eligibles <input type="checkbox"/> Internal		24. Status: () <input type="checkbox"/> Profit <input checked="" type="checkbox"/> Not for profit
25. Interconnected service? (#37) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26. Radio Service code: (#1 – See Note #2)	27. Type of operation code: ()

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental effect as defined by 47 CFR 1.1307? ? If "yes", attach environmental assessment as required by 47 CFR 1.1308 and 47 CFR 1.1311.	(D26) <u>Yes</u> <u>No</u>
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ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	(#40) <u>Yes</u> <u>No</u>
30. Is the applicant an alien or the representative of an alien?	(#41) <u>Yes</u> <u>No</u>
31. Is the applicant a corporation organized under the laws of any foreign government?	(#42) <u>Yes</u> <u>No</u>
32. Is the applicant a corporation of which any officer or director is an alien or of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(#43) <u>Yes</u> <u>No</u>
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which any officer or more than one-fourth of the directors are aliens, or of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? ? If "yes", attach exhibit explaining nature and extent of alien or foreign ownership or control.	(#44) <u>Yes</u> <u>No</u>

BASIC QUALIFICATIONS

34. Has the applicant or any party to this application or amendment had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? ? If "yes", attach exhibit explaining circumstances.	(#45) <u>Yes</u> <u>No</u>
35. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court?	(#46) <u>Yes</u> <u>No</u>
36. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?	(#47) <u>Yes</u> <u>No</u>
37. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	(#48) <u>Yes</u> <u>No</u>
38. Does the undersigned certify (by responding "Y" to this question), that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. ? 862, because of a conviction for possession or distribution of a controlled substance? (#4 of Signature Certification) ? See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	() <u>Yes</u> <u>No</u>

CERTIFICATION

The APPLICANT waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.	
39. Applicant is a (an) (#11) <u>I</u> ndividual <u>U</u> nincorporated Association <u>P</u> artnership <u>C</u> orporation <u>G</u> overnmental Entity	
40. Typed Name of Person Signing (#50)	41. Title (#51)
42. Signature (Page 4 Main Form – Must be original signature if manually filed.)	43. Date (#52)
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S.Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

**FCC
600**

FEDERAL COMMUNICATIONS COMMISSION
SCHEDULE D
Administrative Data
(all services except those for which Schedule A is required)

Approved by OMB
3060-0623
Expires 2/28/99
Est. Avg. Burden Hours
Per Response: 4 Hrs.

FCC Use Only

Licensee Name

Radio Service

Call Sign or Station Location (City, State)

PURPOSE OF FILING

D1. The purpose of this filing is to:

- (#2) **N** request a new station license.
- (#2) **M** modify an existing licensed station(s).
- (#2) **R** renew an existing licensed station.
- (#2) **X** reinstate an expired call sign.
- () **A** assign an existing license. **(Maps to Form 603)**

D2. If system licensing, list call signs of stations to be combined.
(First call sign will be retained.)

(First call sign maps to #5. All other call signs are listed on an attachment.)

D3. Specify proposed modifications, if any:

ASSOCIATED CALL SIGNS

D4. Call signs: **(H9)**

RADIO SYSTEM OPERATION POINT OF CONTACT

D5. Street Address, City, State **(H17)**

D6. Voice Telephone Number
(H18)

ASSOCIATED BROADCAST STATION

D7. Call Sign **(See Note #3)**

D8. City **(H12)**

D9. State **(H12)**

MARKET AREA

D10. Market Area / Number

PAGING OPERATIONS

D11. Number of Paging Receivers **(H34)**

ELIGIBILITY

D12. Describe Activity **(H2)**

D13. Rule Section **(H1)**

FOR FREQUENCY COORDINATOR'S USE ONLY

D14. Frequency Coordination Number **(H3 – See Note #4)**.

(If an attachment indicates a request for Extended Implementation, map a 'Yes' to H8. If not requested, map a 'No' to H8.)

**FCC
600**

FEDERAL COMMUNICATIONS COMMISSION

SCHEDULE E

Station Location Data

(all services except those for which Schedule A is required)

Approved by OMB
3060-0623
Expires 2/28/99
Est. Avg. Burden Hours
Per Response: 4 Hrs.

FCC Use Only

Licensee Name	Radio Service	Call Sign or Station Location (City, State)
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(If attachment indicates Quiet Zone was notified, map the notification date to D27.)

E1. Specify the datum used to determine all coordinates on this filing: () NAD27 NAD83 Other (Specify _____)
(If NAD 27 or 'Other', convert to NAD 83 for Form 601.)

FIXED OR PERMANENT LOCATIONS

LOC	E2. Station Address / Geographic Location	E3. City	E4. County	E5. State
A	(D9)	(D10)	(D12)	(D11)
B				
C				
D				
E				
F				

LOC	E6. Latitude (degrees, minutes, seconds)	E7. Longitude (degrees, minutes, seconds)	E8. Ground Elevation (meters)
A	(D7 – Direction is required on Form 601.	(D8 – Direction is required on Form 601. Assume	(D13)
B	Assume N unless S is indicated.)	W unless E is indicated.)	
C			
D			
E			
F			

CONTROLS MEETING THE 20 FOOT CRITERIA, MOBILE OR TEMPORARY LOCATIONS

LOC	E9. Radius (km)	E10. Area of Operation Code	E11. LONGITUDE		COUNTY	STATE	E12. Operations (S) South of Line A and/or (W) West of Line C
			LATITUDE				
G	(D18)	(D4 - see Note #5) or	-(D7) -	- (D8) -	(D12)	(D11)	(D23)
		(D17 – see Note #6.)	- -	- -			
			- -	- -			
			- -	- -			
			- -	- -			
			- -	- -			

STATE TABLE

Abbreviations for States, Jurisdictions and Areas

AL	Alabama	NH	New Hampshire
AK	Alaska		
AZ	Arizona		
AR	Arkansas		
CA	California		
CO	Colorado		
CT	Connecticut		
DE	Delaware		
DC	District of Columbia		
FL	Florida		
GA	Georgia		
GM	Gulf of Mexico		
HI	Hawaii		
ID	Idaho		
IL	Illinois		
IN	Indiana		
IA	Iowa		
KS	Kansas		
KY	Kentucky		
LA	Louisiana		
ME	Maine		
MD	Maryland		
MA	Massachusetts		
MI	Michigan		
MN	Minnesota		
MS	Mississippi		
MO	Missouri		
MT	Montana		
NE	Nebraska		
NV	Nevada		

NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
AS American Samoa
GU Guam
UM Midway Island
MP Northern Mariana Islands
PR Puerto Rico
VI Virgin Islands
UM Wake Island

**FCC
600**

FEDERAL COMMUNICATIONS COMMISSION
SCHEDULE F
Antenna Structure Data
(All Services)

Approved by OMB
3060-0623
Expires 2/28/99
Est. Avg. Burden Hours
Per Response: 4 Hrs.

FCC Use Only

Licensee Name	Radio Service	Call Sign or Station Location (City, State)
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STATUS AND IDENTIFYING INFORMATION

LOC	F1. Location Number	F2. New or Existing	F3. Call Sign of Existing Station	F4. Radio Service	F5. Tower Owner's Name and Telephone Number
A					()
B					()
C					()
D					()
E					()
F					()

STRUCTURE TYPE AND HEIGHT

LOC	F6. Figure Number (see reverse)	F7. Structure Type	F8. Height of Support Structure (b) (meters)	F9. Overall Height of Structure (d) (meters)	F10. FCC Tower Number
A		(D16)	(D14)	(D15)	(D6)
B					
C					
D					
E					
F					

FAA NOTIFICATION

LOC	F11. FAA notified? Yes No	F12. Date FAA Notification Filed	F13. FAA Regional Office Notified	F14. FAA Study Number
A				
B				
C				
D				
E				
F				

Figure 1

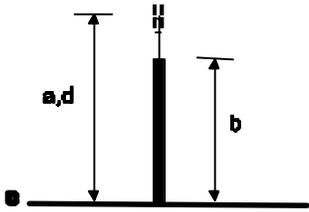


Figure 2

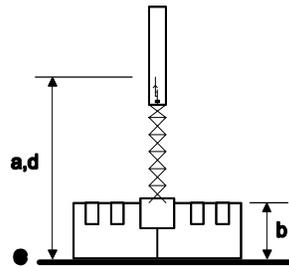
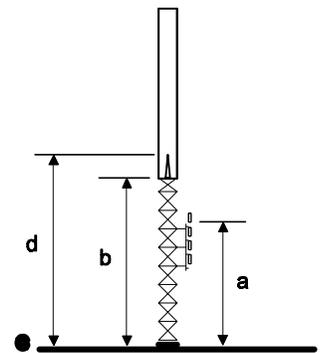


Figure 3



a = height to tip of antenna
(AGL)

b = height of support structure
(AGL)

c = ground elevation
(AMSL)

d = overall height of structure
including all appurtenances (AGL)

Mapped Form 600 Notes

A blank field indicates the information is not used on Form 601.

1. If Form 600 Item 22 = C or B, map to Form 601 Item 35 as 'Common Carrier'.
If Form 600 Item 22 = P and Item 23 = P or E, map to Form 601 Item 35 as 'Non-Common Carrier'.
If Form 600 Item 22 = P and Item 23 = I, map to Form 601 Item 35 as 'Private, Internal Communications'.
Part 90 Land Mobile Applicants should not select "F".
2. If Radio Service = IF, IX, IV, IP, IW, IY, IS, IT, LA, LI, LJ, LR, LX, LU, LV, map Radio Service as IG.
If Form 600 Item 22 = P and Radio Service = IB or IG, map Radio Service as IG.
If Form 600 Item 22 = C or B and Radio Service = IB or IG, map Radio Service as IK.
If Form 600 Item 22 = P and Radio Service = YG, map Radio Service as YG.
If Form 600 Item 22 = C or B and Radio Service = YG, map Radio Service as YK.

If Radio Service = PF, PO, PH, PL, PP, PS, PM, map Radio Service as PW.

If Frequency = 902-928 MHz, map Radio Service LN or LW as defined.

Radio Services RS, GB, GO, GP, GX, YB, YO, YP, YX, GF, YF, GS, GA, GI, GR, GU, YA, YS, YU, NC, QT, QD, QM, LP, RP, ZV, PW, AND YW are still valid radio services and should be mapped using the same radio service codes.
3. Not on Form 601. Research using call sign to obtain Facility ID number, then map to Schedule H, #10 and #11.
4. If an attachment indicates unsuccessful coordination, map a 'No' to H7. If successfully coordinated, map a 'Yes' to H7.
5. If D4: area of operation may need analyzed and mapped to correct ULS code.
6. If D17: If area of operations is around sites A-F, convert to Location number and map to D17.
If E9 – E12 indicates an undefined area of operation, map to D24.