

SAMPLE 1

PW - Public Safety Pool

Modification

Relocate Transmitter Site
Convert Coordinates to NAD 83
Increase Area of Operation
Modify Frequency
Add Additional Frequency
Modify Mobile Count, Output Power and ERP
Add County to Control Point

estimate

1) Radio Service Code: PW	1a) Existing Radio Service Code:
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Application Purpose (Select only one) (**MD**)

2) Time	NE - New MD - Modification AM - Amendment	RO - Renewal Only RM - Renewal/Modification CA - Cancellation of License	CO - Consolidate Call Signs WD - Withdrawal of Application DU - Duplicate License AU - Administrative Update	NT - Required Notifications EX - Requests for Extension of
3a) If this request is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter <u>N</u> (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>			
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(N) <u>Y</u> es <u>N</u> o			
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number			
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.	Call Sign KNCX729			
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM	DD		
7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929).	(Y) <u>Y</u> es <u>N</u> o			
8a) Does this filing request a Waiver of the Commission's rules? If 'Yes', attach an exhibit providing rule numbers and explaining circumstances.	(N) <u>Y</u> es <u>N</u> o			
8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.				
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o			
9) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o			

Applicant Information

10a) Taxpayer Identification Number: 12-3456789	10b) SGIN: 000	10c) FCC Registration Number (FRN): 1234-5678-00	
11) Applicant/Licensee is a(n): (G) <u>I</u> ndividual <u>U</u> nincorporated Association <u>T</u> rust <u>G</u> overnment Entity <u>J</u> oint Venture <u>C</u> orporation <u>L</u> imited Liability Corporation <u>P</u> artnership <u>C</u> onsortium			
12) First Name (if individual):	MI:	Last Name:	Suffix:
13) Entity Name (if other than individual):		City of Mantilla	
14) Name of Real Party in Interest of Applicant:		15) Taxpayer Identification Number:	

Applicant Information (continued)

16) Attention To: Louis Godey			
17) P.O. Box:	An d/ Or	18) Street Address: 222 Crinoline Ct	
19) City: Mantilla		20) State: CT	21) Zip: 07546
22) Telephone Number: 111-111-1111		23) FAX: 111-111-1112	
24) E-Mail Address: lgodey@mantilla.gov			

Contact Information (If different from the applicant)

25) First Name: Charles	MI: M	Last Name: Demorest	Suffix:
26) Entity Name: Demorest Communications Inc.			
27) P.O. Box:	An d/ Or	28) Street Address: 920 Coutil Dr	
29) City: Pardeusseus		30) State: CT	31) Zip: 04165
32) Telephone Number: 122-122-1222		33) FAX: 122-122-1223	
34) E-Mail Address: demorestc@demcom.com			

Regulatory Status

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): <input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input checked="" type="checkbox"/> Band Manager

Type of Radio Service

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply): <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
37) Interconnected Service? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No

Fee Status

38) Is the applicant exempt from FCC application fees? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No
39) Is the applicant exempt from FCC regulatory fees? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No

Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

40) Is the applicant a foreign government or the representative of any foreign government?	(<input type="checkbox"/> N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
41) Is the applicant an alien or the representative of an alien?	
42) Is the applicant a corporation organized under the laws of any foreign government?	(<input type="checkbox"/>) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43) Is the applicant a corporation 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?.	(<input type="checkbox"/>) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
44) Is the applicant directly or indirectly controlled by any other corporation 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?	(<input type="checkbox"/>) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

45) 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?	(<input type="checkbox"/> N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46) 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?	(<input type="checkbox"/> N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47) Has any court finally adjudged the applicant or any party 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?	(<input type="checkbox"/> N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	(<input type="checkbox"/> N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

49) Race, Ethnicity, and Gender of Applicant/Licensee (Optional):

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

General Certification Statements

1) 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.
2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal 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. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5) The applicant certifies that it either (1) has a current Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

Signature

50) Typed or Printed Name of Party Authorized to Sign

First Name: Louis	MI: J.	Last Name: Godey	Suffix:
51) Title: Communications Director			
Signature: (Must bear an original signature when manually filed.)			52) Date: 3/02/00

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS 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 601
Schedule D**

**Wireless Telecommunications Bureau Schedule for
Station Locations and Antenna Structures**

Approved by OMB
3060 - 0798
See 601 Main Form
for public burden estimate

Instructions

1) Action Requested: (M) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Mod <input type="checkbox"/> Del		2) Location Number: 1	
3) Location Description: FX		4) Area of Operation Code:	5) Location Name: Hospital
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) N/A			
7) Latitude (DD-MM-SS.S): 41-33-07.3		NAD83 (<input checked="" type="checkbox"/> N) <input type="checkbox"/> N or <input type="checkbox"/> S	8) Longitude (DDD-MM-SS.S): 072-34-48.3
NAD83 (<input checked="" type="checkbox"/> W) <input type="checkbox"/> E or <input type="checkbox"/> W			
9) Street Address, Name of Landing Area, or Other Location Description: Middle Valley Hospital Vance Dr			
10) City: Mantilla	11) State: CT		12) County: Middlemarch
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 55	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 19	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 23	
16) Support Structure Type: BANT			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		NAD83 (<input type="checkbox"/> N or <input type="checkbox"/> S	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)
NAD83 (<input type="checkbox"/> E or <input type="checkbox"/> W			
23) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: <input type="checkbox"/> Hand Held <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary Fixed <input type="checkbox"/> Aircraft <input type="checkbox"/> Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified:			

1) Action Requested: (M) <u>A</u> dd <u>M</u> od <u>D</u> el		2) Location Number: 2	
3) Location Description:		4) Area of Operation Code:	
5) Location Name:			
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required)			
7) Latitude (DD-MM-SS.S):		8) Longitude (DDD-MM-SS.S):	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County:
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code ‘A’)	18) Radius (km): 40	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (N) <u>Y</u> es No			
24) Description: (only for Area of Operation Code ‘O’)			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (N) <u>Y</u> es No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified:			

Technical Data Schedule for the
Private Land Mobile and Land Mobile Broadcast Auxiliary
Radio Services (Parts 90 and 74)

Eligibility

1) Rule Section: 90.20	2) Describe Activity: HIGHWAY DEPARTMENT - STREET MAINTENANCE
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Frequency Coordinator Information (if not self-coordinated)

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
CTHHP00233	AASHTO	222-222-2222	4/04/00
7) Has this application been successfully coordinated?			(<input checked="" type="checkbox"/>) <u>Y</u> es/ <u>N</u> o

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	(<input checked="" type="checkbox"/>) <u>N</u> Yes/ <u>Y</u> es/ <u>N</u> o
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Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this applicant is a: () <u>B</u> roadcast Network Entity <u>T</u> elevision <u>C</u> able Operator <u>M</u> otion Picture Producer <u>T</u> elevision Producer			14) State of Primary Operation:

Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County, State	18) Telephone Number
M	1	222 CRINOLINE CT MANTILLA MIDDLEMARCH COUNTY CT	111-111-1111

