

SAMPLE 2

PW - Public Safety Pool

Modification

Relocate Transmitter

Add Additional Transmitter Sites (System License)

Modify Station Class, Output Power, ERP

Add County to Control Point

PLEASE NOTE:

**THE FOLLOWING CALL SIGNS ARE BEING CONSOLIDATED WITH KKD719
UNDER THIS APPLICATION:**

KKD227

KKB851

KKV217

WPMC847

estimate

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

2) NE - New MD - Modification Time	RO - Renewal Only RM - Renewal/Modification	CO - Consolidate Call Signs WD - Withdrawal of Application	NT - Required Notifications EX - Requests for Extension of
AM - Amendment	CA - Cancellation of License	DII - Duplicate License	AUI - Administrative Update

3a) If this request is for a D evelopmental License, D emonstration License, or a S pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter N (Not Applicable).	(N) D M S N/A
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.	() Y es N 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 KKD719
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) Y es N 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) Y es N 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) Y es N o
9) Are attachments being filed with this application?	(Y) Y es N o

Applicant Information

10a) Taxpayer Identification Number: 12-3456789	10b) SGIN: 111	10c) FCC Registration Number (FRN): 0987-6543-21
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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>C</u> orporation	<u>L</u> imited Liability Corporation	<u>P</u> artnership	<u>J</u> oint Venture
<u>C</u> orporation	<u>L</u> imited Liability Corporation	<u>C</u> onsortium	

12) First Name (if individual):	MI:	Last Name:	Suffix:
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13) Entity Name (if other than individual):	State of Texas
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14) Name of Real Party in Interest of Applicant:	15) Taxpayer Identification Number:
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Applicant Information (continued)

16) Attention To: Forest Service Smokey T. Bear		
17) P.O. Box: 310	And/Or	18) Street Address:
19) City: Laufin	20) State: TX	21) Zip: 72095-0130
22) Telephone Number: 222-222-2222		23) FAX: 222-222-2223
24) E-Mail Address: smokeybear@forserv.texas.us.gov		

Contact Information (If different from the applicant)

25) First Name:	MI:	Last Name:	Suffix:
26) Entity Name:			
27) P.O. Box:	And/Or	28) Street Address:	
29) City:	30) State:	31) Zip:	
32) Telephone Number:		33) FAX:	
34) E-Mail Address:			

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="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/>) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/>) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/>) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> 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: Smokey	MI: T.	Last Name: Bear	Suffix:
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51) Title: Communications Specialist	
Signature: (Must bear an original signature if manually filed.)	52) Date: 2/22/00

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).

1) Action Requested: (M) Add <u>Mod</u> <u>Del</u>		2) Location Number: 1	
3) Location Description: FX		4) Area of Operation Code:	5) Location Name: LUFKIN
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1210281			
7) Latitude (DD-MM-SS.S): 31-18-47.6		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 094-49-32.7
NAD83 (W) <u>E</u> or <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description: 4 1/8 MI WSW OFF HWY 94			
10) City: LUFKIN	11) State: TX	12) County: ANGELINA	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 75.3	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 88	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 91.1	
16) Support Structure Type: TOWER			
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 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)	NAD83 () <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> 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>Yes</u> 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: (A) Add Mod Del		2) Location Number: L1	
3) Location Description: FX		4) Area of Operation Code:	5) Location Name: Jasper
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1209746			
7) Latitude (DD-MM-SS.S): 31-00-00.7		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 093-58-56.6
9) Street Address, Name of Landing Area, or Other Location Description: 6 MI N ON HWY 96			
10) City: Jasper	11) State: TX	12) County: Jasper	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 122	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 134	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 142.6	
16) Support Structure Type: TOWER			
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 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)
23) Do you propose to operate in an area that requires frequency coordination with Canada?			() <u>Yes</u> 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>Yes</u> 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: (A) Add Mod Del		2) Location Number: L2	
3) Location Description: FX		4) Area of Operation Code:	5) Location Name: Doucette
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1047145			
7) Latitude (DD-MM-SS.S): 30-48-56.7		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 094-25-52.7
NAD83 (W) <u>E</u> or <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description: 3 MI NW			
10) City: Doucette	11) State: TX		12) County: Tyler
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 104	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 104	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 140	
16) Support Structure Type: TOWER			
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 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)
NAD83 () <u>E</u> or <u>W</u>			
23) Do you propose to operate in an area that requires frequency coordination with Canada?			() <u>Yes</u> 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. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(N) <u>Yes</u> No
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: (A) Add <u>Mod</u> <u>Del</u>		2) Location Number: L3	
3) Location Description: FX		4) Area of Operation Code:	5) Location Name: Beaumont
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1054483			
7) Latitude (DD-MM-SS.S): 30-10-18.7		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 094-12-58.6
NAD83 (W) <u>E</u> or <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description: 300 N City Limits			
10) City: Beaumont	11) State: TX		12) County: Jefferson
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 8	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 178	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 182.9	
16) Support Structure Type: TOWER			
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 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)
			NAD83 () <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> 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>Yes</u> 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: (A) Add <u>Mod</u> <u>Del</u>		2) Location Number: L4	
3) Location Description: FX		4) Area of Operation Code:	5) Location Name: Livingston
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required) 1053381			
7) Latitude (DD-MM-SS.S): 30-41-38.7		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 094-56-12.7
NAD83 (W) <u>E</u> or <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description: 125 Barney Rd			
10) City: Livingston	11) State: TX		12) County: Polk
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 96	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 198	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 204.0	
16) Support Structure Type: Tower			
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 (N) <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)
			NAD83 (N) <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada?			() <u>Yes</u> 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. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(N) <u>Yes</u> No
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: Government Entity - Forest Conservation/Fire Suppression Activities
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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
2-0158	FCCA	111-222-3333	4/04/00

7) Has this application been successfully coordinated? (Y)Yes/No

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. (N)Yes/No

Associated Call Signs (Attach additional sheets if required)

9) KA4905	WPEV252			

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: ()
 Broadcast Network Entity Television Cable Operator Motion Picture Producer Television 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	2127 S FIRST ST LUFKIN ANGELINA COUNTY TX	444-666-8888

