

**SAMPLE 4**

YX - SMR, Site-Specific, Trunked

Renewal/Modification

Correct Coordinates

Add County to Control Point

Change Station Class

Add Emissions

Increase Mobile Count, Output Power, ERP

**DISMISSALS AND REVOCATIONS**

In response to FCC Form 601, Item 45, Applicant has received no FCC dismissals or revocations. Applicant hereby provides the circumstances of various insignificant dismissals of applications filed by Applicant and/or its affiliates.

Applicant holds many FCC licenses, primarily for Specialized Mobile Radio (“SMR”) systems with an estimated several hundred channels in its area of operation. From time to time, an application associated with one of these facilities may be dismissed by the Commission, typically for technical reasons such as a mistake in calculating the SMR interference protection standards set forth in Sections 90.621(b) of the Commission’s Rules. To the best of Applicant’s knowledge after thorough inquiry, however, none of the above-referenced dismissals were based on a character issue as defined by the Commission’s Rules and policies. Therefore, the Commission should find the Applicant has the requisite basic qualifications to be awarded a grant of the instant application.

estimate

1) Radio Service Code: <b>YX</b>	1a) Existing Radio Service Code:
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**Application Purpose (Select only one) ( RM )**

2) Time	<b>NE</b> - New <b>MD</b> - Modification <b>AM</b> - Amendment	<b>RO</b> - Renewal Only <b>RM</b> - Renewal/Modification <b>CA</b> - Cancellation of License	<b>CO</b> - Consolidate Call Signs <b>WD</b> - Withdrawal of Application <b>DU</b> - Duplicate License	<b>NT</b> - Required Notifications <b>EX</b> - Requests for Extension of <b>AU</b> - Administrative Update
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).	( <u>N</u> ) <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.	( <u>N</u> ) <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 <b>WNPW374</b>			
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 <b>12 31</b>			
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).	( <u>Y</u> ) <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.	( <u>N</u> ) <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?	( <u>N</u> ) <u>Y</u> es <u>N</u> o			
<b>9) Are attachments being filed with this application?</b>	( <u>Y</u> ) <u>Y</u> es <u>N</u> o			

**Applicant Information**

10a) Taxpayer Identification Number: <b>12-3456789</b>	10b) SGIN: <b>555</b>	10c) FCC Registration Number (FRN): <b>3456-7890-12</b>	
11) Applicant/Licensee is a(n): ( <u>C</u> ) <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): <b>NEXTTIME LICENSE HOLDINGS 4 INC DBA NEXTTIME COMMUNICATIONS</b>			
14) Name of Real Party in Interest of Applicant:		15) Taxpayer Identification Number:	

**Applicant Information (continued)**

16) Attention To:			
17) P.O. Box:	<b>An d/ Or</b>	18) Street Address:	<b>2001 SPACE ODYESSY DR</b>
19) City: <b>RESTSTOP</b>	20) State: <b>VA</b>	21) Zip: <b>21991-0191</b>	
22) Telephone Number: <b>703-444-4444</b>		23) FAX: <b>703-444-4445</b>	
24) E-Mail Address: <b>licensing@nexttimecom.com</b>			

**Contact Information (If different from the applicant)**

25) First Name:	MI:	Last Name:	Suffix:
26) Entity Name:			
27) P.O. Box:	<b>An d/ Or</b>	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 checked="" type="checkbox"/> <b>C</b> ommon Carrier <input type="checkbox"/> <b>N</b> on-Common Carrier <input type="checkbox"/> <b>P</b> rivate, internal communications <input type="checkbox"/> <b>B</b> roadcast Services <input checked="" type="checkbox"/> <b>B</b> and <b>M</b> anager
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**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"/> <b>F</b> ixed <input checked="" type="checkbox"/> <b>M</b> obile <input type="checkbox"/> <b>R</b> adiolocation <input type="checkbox"/> <b>S</b> atellite (sound) <input type="checkbox"/> <b>B</b> roadcast Services
37) Interconnected Service? <span style="float: right;">( Y )<u>Y</u>es <u>N</u>o</span>

**Fee Status**

38) Is the applicant exempt from FCC application fees? <span style="float: right;">( N )<u>Y</u>es <u>N</u>o</span>
39) Is the applicant exempt from FCC regulatory fees? <span style="float: right;">( N )<u>Y</u>es <u>N</u>o</span>

**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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u> .
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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>
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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>
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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>

**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 checked="" type="radio"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>
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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>
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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>
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"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>

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

<b>Race:</b>	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
<b>Ethnicity:</b>	Hispanic or Latino:	Not Hispanic or Latino:			
<b>Gender:</b>	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: <b>JAMES</b>	MI: <b>M.</b>	Last Name: <b>WHEATBREAD</b>	Suffix:
51) Title: <b>COMPLIANCE MANAGER</b>			
Signature: <b>(MUST BEAR ORIGINAL SIGNATURE IF MANUALLY FILED.)</b>			52) Date: <b>3/29/00</b>

**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: ( <b>M</b> ) <u>A</u> dd <u>M</u> od <u>D</u> el		2) Location Number: <b>1</b>	
3) Location Description:		4) Area of Operation Code:	
5) Location Name:			
6) FCC Antenna Structure Registration # or <b>1043774</b> N/A (FAA Notification not Required)			
7) Latitude (DD-MM-SS.S): <b>35-07-40.3</b>		8) Longitude (DDD-MM-SS.S): <b>089-36-00.2</b>	
<b>NAD83</b> ( <b>N</b> ) <u>N</u> or <u>S</u>		<b>NAD83</b> ( <b>W</b> ) <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):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b>	<b>NAD83</b> ( ) <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): <b>Use for rectangle only (Northwest corner)</b>	<b>NAD83</b> ( ) <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada? ( ) <u>Y</u> es <b>N</b> o			
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. ( <b>N</b> ) <u>Y</u> es <b>N</b> o 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: <b>90.603(c)</b>	2) Describe Activity: <b>APPLICANT PROVIDES WIRELESS COMMUNICATION SERVICES.</b>
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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

7) Has this application been successfully coordinated? ( ) 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)				

**Broadcast Auxiliary Only**

<b>If there is an associated Parent Station, complete items 10-12.</b>	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
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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:
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**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
<b>M</b>	<b>1</b>	<b>2001 SPACE ODYSSEY DR    RESTSTOP    FAIRFAX COUNTY    VA</b>	<b>703-444-4444</b>



**Frequency Information**

28) Action: ( ) A/M/D	29) Location Number:	30) Antenna Number:	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
M	1	1	Existing (if mod) 861.6375	New	FB2C					20K0F2D
			Existing (if mod)	New						20K0F3E
			Existing (if mod)	New						20K0W7W
M	1	1	Existing (if mod) 862.6375	New	FB2C					20K0F2D
			Existing (if mod)	New						20K0F3E
			Existing (if mod)	New						20K0W7W
M	1	1	Existing (if mod) 863.6375	New	FB2C					20K0F2D
			Existing (if mod)	New						20K0F3E
			Existing (if mod)	New						20K0W7W
M	1	1	Existing (if mod) 864.6375	New	FB2C					20K0F2D
			Existing (if mod)	New						20K0F3E
			Existing (if mod)	New						20K0W7W
M	1	1	Existing (if mod) 865.6375	New	FB2C					20K0F2D
			Existing (if mod)	New						20K0F3E
			Existing (if mod)	New						20K0W7W
M	2		Existing (if mod) 806-821	New	MO	501		100	100	20K0F2D
			Existing (if mod)	New						20K0F3E
			Existing (if mod)	New						20K0W7W
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						