

## GUIDELINES FOR COMPLETION OF FCC FORMS 159 AND 175 AND EXHIBITS

### A. FCC Form 175

Because of the significance of the FCC Form 175 application to the auction, bidders should especially note the following:

**Paper form version: Manual filers must use the September 1997 edition of the FCC Form 175 and the October 1995 edition of the 175-S (if applicable).** Earlier versions of the FCC Form 175 will not be accepted. Copies of the FCC Form 175 can be obtained by calling the Commission's Forms Distribution Center at 1-800-418-3676 (outside Washington, D.C.) or 202-418-3676 (in the Washington area). Copies of the FCC Form 175 can also be obtained via Fax-On-Demand at 202-418-0177. If applicants have any questions concerning availability of the FCC Form 175, they should call the FCC Records Management Branch at 202-418-0210.

**Items 2-5:** Give a street address (not a Post Office box number) for the applicant, suitable for mail or private parcel delivery. The FCC will send all registration materials and other written communications to the applicant at this address.

**Item 6:** The LMDS auction will be the seventeenth auction conducted by the FCC. For "Auction No." in item 6 of the FCC Form 175, enter "17."

**Item 7:** Applicants must enter their nine-digit Taxpayer Identification Number (TIN). The taxpayer identification number will be your Employer Identification Number (EIN) or Social Security Number (SSN) as reported to the Internal Revenue Service.

Each applicant must include this same TIN when submitting amendments, additional information, or other correspondence or inquiries regarding its application, and must include this same number on each FCC Form 159 (FCC Remittance Advice) accompanying required auction deposits or payments. With the exception of the TIN, any information provided on this form will be available for public inspection.

**Item 8:** Applicants must indicate their legal classification. The September 1997 version of FCC Form 175 requires the applicant to classify itself as an individual, partnership, trust, corporation, government entity, limited liability company (LLC) or association.

**Items 9 and 10:** A box does not need to be checked in Item 9 unless small business status is selected in Item 10. Applicants should be aware that they will be committed to their election choices. (Applicants are also requested to indicate their status as a rural telephone

company, minority-owned business and/or women-owned business, so that the FCC can monitor its performance in promoting economic opportunities for these designated entities.) Be advised that this is the sole opportunity applicants have to elect small business status and bidding credit level (if applicable), and there is no opportunity to change the election once the short-form filing deadline passes.

- Very small business, small business, or entrepreneur applicants eligible for bidding credits should check that gross revenues do not exceed the maximum dollar amount specified in the FCC rules governing the auctionable service in Item 9.
- Very small business, small business, or entrepreneur applicants should enter the applicable bidding credit in Item 10: either 25, 35 or 45 percent. Applicants should be aware that this is the sole opportunity that they will have to elect the appropriate bidding credit.
- Applicants should leave the Installment Payment Plan Type blank, as none is available for this auction.

**Item 11:** For each license on which they seek bidding eligibility, applicants must identify the market number in the Market No. column, and the frequency block or blocks in the Frequency Block/Channel No. set of columns. The market number for each BTA is listed in Attachment A; frequency blocks are A and B. Applicants that wish to bid on all BTAs in a given frequency block or blocks should check the "ALL" box in the Market No. column and list the frequency block or blocks desired in the Frequency Block/Channel No. headings. If filing manually, the FCC Form 175 provides space to list only five markets, and applicants should use one or more FCC Forms 175-S to list any additional markets.

Applicants should identify in Item 11 all licenses on which they want to be eligible to bid in the auction. Be advised that there is no opportunity to change this list once the short-form filing deadline passes. The FCC auction system will not accept bids on licenses for which an applicant has not applied on its FCC Form 175.

**Item 12:** Applicants must list the name(s) of the person(s) (no more than three) authorized to represent them at the auction. Only those individuals listed on the FCC Form 175 will be authorized to place or withdraw bids for the applicant during the auction.

**Certifications:** Applicants should carefully read the list of certifications on the FCC Form 175. These certifications help to ensure a fair and competitive auction and require, among other things, disclosure to the Commission of certain information on applicant ownership and agreements or arrangements concerning the auction. Submission of an FCC Form 175 application constitutes a representation by the certifying official that he or she is an authorized representative of the applicant, has read the form's instructions and certifications, and that the contents of the application and its attachments are true and correct. Submission of a false certification to the Commission may result in penalties, including monetary forfeitures, license forfeitures, ineligibility to participate in future auctions, and/or criminal prosecution.

**Contact person:** If the Commission wishes to communicate with the applicant by telephone or fax, those communications will be directed to the contact person identified on the FCC Form 175. Space is provided for a telephone number, fax number, and e-mail address. All written communication and registration information will be directed to the applicant's contact person at the address specified on the FCC Form 175. Applicants must provide a street address; no P.O. Box addresses may be used.

**Signature:** Manually filed FCC Forms 175 must bear an original signature. Absence of an original signature will result in dismissal of the application and disqualification of the applicant from participating in the auction. (Applicants filing electronically should type the name of the certifying official in the Name of Person Certifying block.)

**Paper or Diskette Copies:** For this auction the FCC will accept, in lieu of paper copies, a 3.5-inch diskette which contains **ASCII text (.TXT)** files of all exhibit documentation attached to the FCC Form 175. (Applicants that use a word processing program to prepare these files must be sure to save the files in the ASCII format before submitting the diskette, and verify that the ASCII files contain all exhibit information.)

**Completeness:** Applicants must submit all information required by the FCC Form 175 and by applicable rules, including a certifying signature on manual filings. **Failure to submit required information by the resubmission date will result in dismissal of the application and inability to participate in the auction.** See 47 C.F.R. § 1.2105(b).

**Continuing Accuracy:** Each applicant is responsible for the continuing accuracy and completeness of information furnished in the FCC Form 175 and its exhibits. See 47 C.F.R. § 1.65. It is the FCC's position that ten business days from a reportable change is a reasonable period of time in which applicants must amend their FCC Forms 175. Applicants are reminded that Certification 6 on the FCC Form 175 includes consent to be audited.

## **B. Exhibits and Attachments**

In addition to the FCC Form 175 itself, applicants must submit additional information required by the FCC's rules. Although the FCC does not require a particular format for this information, it has developed the following guidelines that will facilitate the processing of short-form applications. The FCC encourages applicants filing both electronically and manually to submit this information using the following format. **All exhibits must be in ASCII text (.TXT).**

**Exhibit A -- Applicant Identity and Ownership Information:** 47 C.F.R. § 1.2105(a)(2)(ii) requires each applicant to fully disclose the real party or parties-in-interest in an exhibit to its FCC Form 175 application. The information should provide the name, citizenship, and address of all partners, if the applicant is a partnership; of a responsible officer or director, if the applicant is a corporation; of the trustee, if the applicant is a trust; or, if the applicant is none of the foregoing, of a principal or other responsible person.

**Exhibit B -- Agreements with Other Parties/Joint Bidding Arrangements:** Applicants must

attach an exhibit identifying all parties with whom they have entered into any agreements, arrangements or understandings which relate in any way to the licenses being auctioned, including any relating to the post-auction market structure. *See* 47 C.F.R. § 1.2105(a)(2)(viii).

Be aware that pursuant to Certification (4) on the FCC Form 175, the applicant certifies that it will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in the application regarding bid amounts, bidding strategies, or the particular licenses the applicant will or will not bid. *See* 47 C.F.R. § 1.2105(a)(2)(ix). *To prevent collusion, the Commission's Rules generally prohibit communication among applicants for the same license areas between the initial short-form applications filing deadline and the down payment on licenses won, when such communications concern bids, bidding strategies, or settlements.* 47 C.F.R. § 1.2105(c).

**Exhibit C -- Status as a Very Small Business, Small Business, or Entrepreneur**

**Applicant:** Applicants claiming status as a very small business, small business, or entrepreneur must attach an exhibit regarding this status.

- Very small business, small business, and entrepreneur applicants must set forth the average gross revenues for the preceding three years for the applicant (including affiliates and controlling principals), as prescribed by 47 C.F.R. § 101.1109. Certification that the average gross revenues for the preceding three years do not exceed the required limit is insufficient.

**Exhibit D -- Information Requested of Designated Entities:** Applicants owned by minorities or women, as defined in 47 C.F.R. § 1.2110(b), or who are rural telephone companies, may attach an exhibit regarding this status. This information, in conjunction with the information in Item 10, will assist the Commission in monitoring the participation of these "designated entities" in its auctions.

**Exhibit E -- Miscellaneous Information:** Applicants wishing to submit additional information should include it in Exhibit E.

Applicants are reminded that all information required in connection with applications to participate in spectrum auctions is necessary to determine the applicants' qualifications, and as such will be available for public inspection. Required proprietary information may be redacted, or confidentiality may be requested, following the procedures set forth in 47 C.F.R. § 0.459. Such requests must be submitted in writing to Kathleen O'Brien Ham, Chief, Auctions and Industry Analysis Division, Wireless Telecommunications Bureau, Federal Communications Commission, 2025 M Street, N.W., Room 5202, Washington, D.C. 20554 (with a separate copy mailed to Matthew Moses, Auctions and Industry Analysis Division), in which case the applicant must indicate in Exhibit E that it has filed a confidentiality request. Because the required information bears on applicants' qualifications, the FCC envisions that confidentiality requests will not be routinely granted.

**Waivers:** Applicants requesting waiver of any rules must submit a statement of reasons sufficient to justify the waiver sought.

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(FCC Form 175)

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(FCC Form 175 Instructions)

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(FCC Form 175-S)



# AUCTION-SPECIFIC INSTRUCTIONS

## FCC REMITTANCE ADVICE, FCC FORM 159

### UPFRONT PAYMENTS

The following information supplements the standard instructions for FCC Form 159, and is provided to help ensure correct completion of FCC Form 159 for upfront payments for LMDS auction (Auction No. 17). Applicants need to complete FCC Form 159 carefully, since:

- Mistakes may affect their bidding eligibility; and
- Lack of consistency between information set forth in FCC Form 159, FCC Form 175, long-form application, and correspondence about an application may cause processing delays.

Therefore appropriate cross-references between the FCC Form 159 Remittance Advice and the FCC Form 175 Short Form Application are described below.

Block Number	Required Information
1	LOCKBOX # - Enter "358420".
2	Payer Name - Enter the name of the person or company making the payment. If the applicant itself is the payer, this entry would be the same as FCC Form 175, block 1 of the FCC Form 175.
3	Total Amount Paid – Enter the amount of the upfront payment associated with the FCC Form 159.
4-8	Street Address, City, State, ZIP Code – Enter the street mailing address (not Post Office box number) where mail should be sent to the payer. If the applicant is the payer, these entries would be the same as FCC Form 175, blocks 2 through 5.
9	Daytime Telephone Number – Enter the telephone number of a person knowledgeable about this upfront payment.
10	Country Code – For addresses outside the United States, enter the appropriate postal country code (available from the Mailing Requirements Department of the U.S. Postal Service).
20A	Payment Type Code – Enter "A W L U."
21A	Quantity – Enter the number "1."
22A	Amount Due – Enter the total upfront payment due.

23A FCC Code 1 – Enter the number "17" (indicating Auction No. 17).

26 Applicant TIN - Same as FCC Form 175, block 7.

**NOTES:**

- Do not use Remittance Advice (Continuation Sheet), FCC Form 159-C, for upfront payments.
- If applicant is different from the payer, complete blocks 11 through 18 for the applicant, using the same information shown on FCC Form 175. Otherwise leave them blank.
- Since credit card payments will not be accepted for this auction, leave this area blank.

# EXAMPLE

<b>READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING</b>  (1) LOCKBOX # 358420	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b>  PAGE NO. _____ OF _____	APPROVED BY O 3060-058  SPECIAL USE  FCC USE ONLY
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SECTION A - PAYER INFORMATION		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>XYZ COMPANY</b>	(3) TOTAL AMOUNT PAID (dollars and cents) \$ <b>100.00</b>	
(4) STF <b>123 HOMETOWN DRIVE</b>		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY <b>HOMETOWN</b>	(7) STATE <b>USA</b>	(8) ZIP CODE <b>99999</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>(999) 222-3333</b>	(10) COUNTRY CODE (if not in U.S.A.)	

PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION		
(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)		
(12) STREET ADDRESS LINE NO. 1		
(13) STREET ADDRESS LINE NO. 2		
(14) CITY	(15) STATE	(16) ZIP CODE
(17) DAYTIME TELEPHONE NUMBER (include area code)	(18) COUNTRY CODE (if not in U.S.A.)	

SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS

SECTION C - PAYMENT INFORMATION								
(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC) <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">A</td> <td style="border: 1px solid black; width: 20px;">W</td> <td style="border: 1px solid black; width: 20px;">L</td> <td style="border: 1px solid black; width: 20px;">U</td> </tr> </table>	A	W	L	U	(21A) QUANTITY <b>1</b>	(22A) FEE DUE FOR (PTC) IN BLOCK 20A \$ <b>100.00</b>	FCC USE ONLY
A	W	L	U					
(23A) FCC CODE 1 <b>#</b>		(24A) FCC CODE 2						
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B \$	FCC USE ONLY				
(23B) FCC CODE 1		(24B) FCC CODE 2						
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C \$	FCC USE ONLY				
(23C) FCC CODE 1		(24C) FCC CODE 2						
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D \$	FCC USE ONLY				
(23D) FCC CODE 1		(24D) FCC CODE 2						

## SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">9</td> </tr> </table>	1	2	3	4	5	6	7	8	9	(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME APPLICANT TIN <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>									
1	2	3	4	5	6	7	8	9											

## SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT  
 I, \_\_\_\_\_, Certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. in SIGNATURE

## SECTION F - CREDIT CARD PAYMENT INFORMATION

<input type="checkbox"/> MASTERCARD	(28) MASTERCARD/VISA ACCOUNT NUMBER: <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>																				EXPIRATION DATE: <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">MONTH</td> <td style="font-size: 8px;">YEAR</td> <td colspan="2"></td> </tr> </table>					MONTH	YEAR		
MONTH	YEAR																												
<input type="checkbox"/> VISA	AUTHORIZED SIGNATURE I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorizations(s) herein described.																												



READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

APPROVED BY OI 3060-058

SPECIAL USE

FCC USE ONLY

(1) LOCKBOX #

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

**SECTION A - PAYER INFORMATION**

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) (3) TOTAL AMOUNT PAID (dollars and cents)

(4) STREET ADDRESS LINE NO. 1

(5) STREET ADDRESS LINE NO. 2

(6) CITY

(7) STATE

(8) ZIP CODE

(9) DAYTIME TELEPHONE NUMBER (Include area code)

(10) COUNTRY CODE (if not in U.S.A.)

**PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION B - APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(18) COUNTRY CODE (if not in U.S.A.)

**SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS**

**SECTION C - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID (20A) PAYMENT TYPE CODE (PTC) (21A) QUANTITY (22A) FEE DUE FOR (PTC) IN BLOCK 20A FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID (20B) PAYMENT TYPE CODE (PTC) (21B) QUANTITY (22B) FEE DUE FOR (PTC) IN BLOCK 20B FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID (20C) PAYMENT TYPE CODE (PTC) (21C) QUANTITY (22C) FEE DUE FOR (PTC) IN BLOCK 20C FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID (20D) PAYMENT TYPE CODE (PTC) (21D) QUANTITY (22D) FEE DUE FOR (PTC) IN BLOCK 20D FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

(25)

PAYER TIN

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME

APPLICANT TIN

**SECTION E - CERTIFICATION**

(27) CERTIFICATION STATEMENT

I, \_\_\_\_\_, Certify under penalty of perjury that the following information is true and correct to the best of my knowledge.

(PRINT NAME)

SIGNATURE

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

Account number grid

Expiration date grid (MONTH YEAR)

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorizations(s) herein described.

AUTHORIZED SIGNATURE

DATE



# REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

## USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT

### SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)		
(12) STREET ADDRESS LINE NO. 1		
(13) STREET ADDRESS LINE NO. 2		
(14) CITY	(15) STATE	(16) ZIP CODE
(17) DAYTIME TELEPHONE NUMBER (Include area code)	(18) COUNTRY CODE (if not in U.S.A.)	

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE

### SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> </tr> </table>							\$	
(23A) FCC CODE 1		(24A) FCC CODE 2							
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> </tr> </table>							\$	
(23B) FCC CODE 1		(24B) FCC CODE 2							
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> </tr> </table>							\$	
(23C) FCC CODE 1		(24C) FCC CODE 2							
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> </tr> </table>							\$	
(23D) FCC CODE 1		(24D) FCC CODE 2							

### SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; font-size: 2em;">0</td> <td style="width: 5%;"></td> </tr> </table>	0																			
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APPLICANT TIN																					

**AUCTION-SPECIFIC INSTRUCTIONS  
FCC REMITTANCE ADVICE, FCC FORM 159  
DOWN PAYMENTS AND FINAL PAYMENTS**

Specific information regarding down payments and final payments will be included in a post-auction public notice announcing the winning bidders.

**INSTRUCTIONS FOR COMPLETING  
FCC FORMS 159 AND 159-C  
(REMITTANCE ADVICE AND CONTINUATION SHEET)**

**NOTE: All required blocks must be completed or it may result in a delay in processing or the return of your application.**

(1) **Lockbox No.** - Enter the appropriate six-digit P.O. Box Number as found in either the FCC Fee Filing Guide for the service requested, or as specified in the Public Notice.

**SECTION A**

(2) **Payer Name** - Enter the name of the person or company (i. e., maker of the check) making the payment. If using an individual name, enter the last name, first name, and middle initial). If a company, enter the name used commercially. If paying by credit card, enter the name exactly as it appears on your card. **(You must also complete Section D- block 25 of the taxpayer information at the bottom of the Form 159.)**

(3) **Total Amount Paid** - Enter the total amount of your remittance.

(4) **Street Address (Line 1)** - The street address or post office box number to which correspondence should be sent.

(5) **Street Address (Line 2)** - This line may be used if further identification of the address is required.

(6) **City** - The name of the city associated with the street address given in (4).

(7) **State** - If the payer has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payer has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** - Enter the payer's ten-digit daytime telephone number, including area code. For foreign telephone numbers

include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number

where you can be reached during normal business hours.

(10) **Country Code** - This section is for payers who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information, contact the Mailing Requirements Dept. of the U.S. Postal Service.

**SECTION B**

**COMPLETE THIS SECTION IF THE PAYER AND APPLICANT NAMES ARE DIFFERENT.**

(11) **Applicant Name, which includes Licensees, Regulatees or Debtors** - Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. If this is a company, enter name used commercially. If you are using this form to pay for multiple applicants with a single remittance, each applicant must be listed separately using the continuation sheet - Form 159-C. **(If the name is the same as the payer, (block 2), it is not necessary to fill out this section, MOVE TO SECTION C.)**

**(You must complete Section D - block 26 of the taxpayer information at the bottom of the Form 159.)**

(12) **Street Address (Line 1)** - (Same instructions as block 4 above.)

(13) **Street Address (Line 2)** - (Same instructions as block 5 above)

(14) **City** - (Same instructions as block 6 above.)

(15) **State** - (Same instructions as block 7 above.)

(16) **ZIP Code** - (Same instructions as block 8 above.)

(17) **Daytime Telephone Number** - (Same instructions as block 9 above.)

(18) **Country Code** - (Same instructions as block 10 above.)

### SECTION C

(19) **FCC Call Sign/Other Identifier** - Enter an applicable call sign or unique FCC identifier, if any, as prescribed by the appropriate FCC Fee Filing Guide or Public Notice.

(20) **Payment Type Code (PTC)** - Enter the appropriate payment type code for the service you are requesting as found in the appropriate FCC Fee Filing Guide or Public Notice. **(Incorrect or omitted payment type codes may result in your application or filing being returned to you without further processing.)** You are allowed to file multiple actions. There are three ways "multiple actions" are defined. The following examples provide instructions on how multiple actions should be filed when using FCC Forms 159 & 159-C:

(i) If a single service allows for a quantity of more than one of the same action, as defined in the appropriate Fee Filing Guide or Public Notice, complete Section C. (e.g., if you are filing an ownership report in the mass media services you may pay for both your AM & FM stations using the same payment type code and a quantity of two as long as it can be filed in the same lockbox.) Blocks 23 & 24 are only to be completed when required by Public Notice.

(ii) If you are filing concurrent actions (not the same actions) in the same lockbox, on the same application, refer to the appropriate Fee Filing Guide or Public Notice for specific instructions as to the number of quantities allowed. Complete Section C. (e.g., you may file a regulatory fee for a CAR S license and Broadcast Auxiliary license or you may file a regulatory fee for a mass media service and a common carrier service on the same FCC Form 159 by using the designated payment type codes, and quantities as defined by the Public Notices.) Complete a separate item for each action required. Blocks 23 & 24 are only to be completed when required by Public Notice.

(iii) If a single Remittance Advice is used to pay for more than one

applicant, licensee, regulatee or debtor, for permitted action(s) in the same lockbox, then a Continuation Sheet (159-C) must be completed for each applicant, licensee, regulatee or debtor. (e.g., if you are paying for different applicants submitting separate Domestic 214 Applications in the common carrier services, they can all be filed on one FCC Form 159 as long as they are filed in the same lockbox. Each additional applicant must submit a separate FCC Form 159-C and all required blocks must be completed.

Remember, if any of these applications fall into category (i) or (ii) above, you can follow those instructions as well. Make sure to check the appropriate FCC Fee Filing Guide or Public Notice for any special filing stipulations that may apply.

(21) **Quantity** - Enter the total number of actions required with this submission. Refer to the FCC Fee Filing Guide or Public Notice for information concerning multiple requests.

(22) **FEE Due for (PTC) in Block 20** - Multiply the total quantity by the fee for this payment type code and enter here.

(23) **FCC Code 1** - This section is used for special filing codes as required by the Bureau/Office or Public Notice. **Do not complete this block unless instructed to do so.**

(24) **FCC Code 2** - This section is used for special filing codes as required by the Bureau/Office or Public Notice. **Do not complete this block unless instructed to do so.**

### SECTION D

(25) **Payer TIN** - Enter your Taxpayer Identification Number (TIN) following the pre-printed "0". The taxpayer identification number will either be your Employer Identification Number (EIN) or Social Security Number (SSN) as reported to the Internal Revenue Service.

(26) **Applicant TIN** - **Complete this section only if applicant name in Section B - block 11 is different from payer name in Section A, block 2.** In accordance with the Debt Collection Improvement Act of 1996, you **must** provide your Taxpayer Identification Number (TIN). This is

either your EIN or SSN as defined in item 25. You must provide a TIN for each applicant covered by this filing.

#### SECTION E

(27) **Certification Statement** - This section must be completed and signed. Failure to do so may delay the processing of your application/filing.

#### SECTION F

(28) **Credit Card Data** - If remitting payment by credit card, place an "x" in the appropriate block for the credit card being used - MasterCard or Visa only. Enter your credit card number and expiration date. Sign and date the FCC Form 159 to authorize your credit card payment. **(If any area required for credit card approval is incomplete, the application will be returned unprocessed.)**

#### Continuation Sheet Form 159-C

**FCC Remittance Advice Continuation Sheet (FCC Form 159-C)** - Use this form for any additional services pertaining to this filing, or if you are paying for multiple applicants with a single payment. (See Sections B,C and D of the instructions to assist you in completing this form. For each additional applicant listed in Section BB of the FCC Form 159-C, you must complete Section DD - taxpayer information at the bottom of the continuation sheet. Each additional applicant must use a separate Form 159-C.

**Note:** Checks must be denominated in U.S. Currency and deposited in a U.S. financial institution. No checks drawn on a foreign bank will be accepted.

**NOTICE TO INDIVIDUALS REQUIRED BY THE  
PRIVACY ACT OF 1974 AND THE PAPERWORK  
REDUCTION ACT**

The solicitation of the personal information requested in this form is authorized by the Communications Act, Sections 8 & 9, and other debts under the Debt Collection Improvement Act of 1996. P.L. 104-134. The form will be used primarily to capture information to maintain required accounts receivable, and collect fines and debts due the Commission. As part of the Debt Collection Improvement Act, agencies are authorized to refer specific Taxpayers Identification information which includes Employer Identification Numbers and Social Security Numbers to the Department of Treasury for further investigation and possible enforcement of a statute, rule, regulation or order. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. If information requested on the form is not provided, processing of the application/filing may be delayed or returned without action pursuant to Commission rules.

If you owe a past due debt to the Federal Government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury, Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized

We have estimated that each response to this collection of information will take, on average, 30 minutes. Our estimate includes the time to read the instructions, look through

existing records, gather and maintain required data, and actually review and complete the form. If you have any comments on this estimate, or on how we can improve the collection of this data to reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERK, Washington, DC 20554, Paperwork Reduction Project (3060-0589). We will also accept your comments via the Internet if you send them to [jboley@fcc.gov](mailto:jboley@fcc.gov). Please **DO NOT SEND COMPLETED APPLICATION FORMS TO THIS ADDRESS.**

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0589.

This notice is required by the Privacy Act of 1974, Public Law 93 - 579, December 31, 1974, 5 U.S.C. Section 552a(e) (3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

**ADVICE REFERENCE GUIDE  
HOW TO USE FCC FORM 159-REMITTANCE ADVICE**

The FCC Form 159, "Remittance Advice", and FCC Form 159-C, (Continuation Sheet) is a multi-purpose form that generally accompanies (see chart below for specific instructions) any payment to the FCC ( e.g., regulatory fees, processing fees, auctions payments, fines, forfeitures, Freedom of Information Act (FOIA) billings, or any other debt due). The information on this form is collected to ensure credit for full payment, to ensure you receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996.

If you are using this form to:	Then:
Pay a Regulatory Fee for Private Wireless Services	You must pay your regulatory fee, in addition to your application fee at the time of renewal or at the time the original license application is requested. Consult the appropriate FCC Fee Filing Guide on where to file for this service.
Pay a Regulatory Fee for any of the Mass Media, Common Carrier, Cable, International Services, or Commercial Wireless Services	You must submit FCC Form 159 - FCC Remittance Advice. Consult the FCC's Public Notice for specific instructions, and where to file for this service.
Pay a Processing Fee for multiple applications filed within the same lockbox with a single remittance	You must submit FCC Form 159, FCC Remittance Advice. Consult the appropriate FCC Fee Filing Guide for where to file for this service.
Pay a Processing Fee for a service that does not require a specific FCC Form, (e.g. request for Special Temporary Authority)	You must submit FCC Form 159, FCC Remittance Advice. Consult the appropriate FCC Fee Filing Guide for where to file for this service.
Pay for an Auction	You must submit FCC Form 159, FCC Remittance Advice. Consult the FCC Public Notice or Bidder's Package for specific instructions, and where to file for this service.
Pay for Fines/Forfeitures, Freedom of Information Act Fees Billings or any other debts	All customers paying for any of these categories must submit a FCC Form 159, FCC Remittance Advice, and a copy of their notice or invoice to the appropriate lockbox. Please refer to the specific instructions accompanying your billing document. Pay to the address designated on the notice or invoice you received.
Pay by credit card, money order, or wire transfer	You must submit FCC Form 159, FCC Remittance Advice.
Pay by Western Union Quick Collect	You must submit FCC Form 159, FCC Remittance Advice. Consult the appropriate FCC Fee Filing Guide for where to file for this service.

Note: Fee Filing Guides can be obtained by calling Forms Distribution -- (202) 418-3676 or 1-800-418-3676, or by calling the FCC's Fax-On-Demand service -- (202) 418-0177 from a fax handset.

# POST-AUCTION LONG-FORM FILING

Within ten business days after release of the auction closing notice, winning bidders must submit a properly completed long-form application and required exhibits for **each LMDS license won** through the auction. Winning very small businesses, small businesses, and entrepreneurs must include an exhibit demonstrating their eligibility for bidding credits. *See* 47 C.F.R. § 101.1109(b). Further filing instructions will be provided to auction winners at the close of the auction.