

FCC License Questionnaire - Portable Stations

This form initiates FCC licensing services from Information Station Specialists.

To complete manually, print this form and handwrite or type your responses, then fax it to Bill Baker at 616.772.2966 or mail it to Bill via USPS at the address on the bottom of this page. To complete the form online, open it in Adobe Acrobat Reader, key your responses and email the completed form to us by clicking the "Submit by Email" button. (Note: Although forms completed online cannot be saved digitally in their completed state unless you have Adobe Acrobat Pro software, they can be emailed back to us intact by clicking the "Submit by Email" button and printing a copy to keep for yourself. Clicking the "Submit by Email" button offers you a print.)

A TODAY'S DATE _____ & REGISTRATION STATUS

I am already registered with the FCC. Yes No

If already registered, be sure to fill out the "FCC Registration Number and Password," Section C, below.

B APPLICANT IDENTIFICATION

Governmental Entities Only

Entity/Agency Name _____

Federal ID Number (9 digit TIN/FEIN) _____

Position (e.g., City Manager) _____

Address _____

City _____ State _____ Zip _____

Phone _____

C FCC REGISTRATION NUMBER AND PASSWORD

Pre-Registered Entities Only

FCC Registration Number (10 digit) _____ Password _____

D ACTIVITY

Acquire a New License

Check here if this application is for a new license.

Modify an Existing License

Check here if this application is to modify or update an existing license.

Callsign of Existing License _____

E GOVERNMENT OFFICIAL WHO WILL AUTHORIZE THE FCC APPLICATION *

Name _____

Title _____

**May be a medical response agency official with a government authorization letter.*

F CONTROL LOCATION

Station Control Location

Street Address _____

City _____ County _____ State _____

Phone Number _____

J Fixed Antenna Location (optional)

Complete this section only if you will operate your portable station at a fixed location on a regular basis and wish to have a fixed-point license for the station as well. A fixed-point license will provide 15 km of protection from co-channel licensing by other entities.

Name Used to Identify this Location _____

IMPORTANT: For each antenna location, provide latitude/longitude, if you know it, and the street address. If the location has no street address, provide a detailed description of the proposed location.

Latitude/Longitude -- optional _____

Street Address or Detailed Location Description _____

City/State _____ County _____

Ground Elevation above Sea Level (in meters) -- optional _____

Height of Antenna Support _____

Total Antenna Height _____

Antenna Support Type (pole, building or something else?) _____

Frequency (if known) _____

We will work with you to determine the appropriate frequency for each antenna location.

K Statement of Understanding

I understand that Information Station Specialists is not responsible for the approval or disapproval of this license application by the Federal Communications Commission. If granted, operation is subject to changes in primary services on the AM broadcast band and must accommodate those changes. (For portable operations, this also includes the accommodation of fixed-point changes.) I understand that broadcast equipment I might install has the potential to receive interference from other sources and might cause interference to existing telecommunications and that I am responsible for correcting such situations unless caused by component malfunction. I further state that the information provided on this form is accurate, to the best of my knowledge, and that I have the approval of the above-named governmental entity to provide the information on its behalf and in its name.

Name _____ Date _____

Title _____ Email _____

Contacts

Indicate representatives of your agency or organization who need to be kept abreast of the progress of this application.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

L THIS SECTION FOR INTERNAL USE ONLY

Attachment Number _____

STA File Number _____

STA Callsign _____

STA Expiration Date _____

10-Year File Number _____