

RSI - FCC Licensing Questionnaire

Main Form

Federal Taxpayer ID # _____

Legal Name of Applicant: _____

Assumed Name (used for doing business - if any): _____

Mailing Street Address or P.O. Box: _____

City: _____ County: _____ State: _____ Zip: _____

Attention (name): _____ Title: _____

Telephone Number: _____ Email Address: _____

Fax Number: _____

Schedule D

Contact Person's Business Address & Phone Number (if different from above)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Schedule E

Paging System's Permanent Location: (Street address only, no P.O. box numbers)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Ground Elevation in meters: _____

Schedule F

Height of the antenna above ground level: _____ Number of Operating Radios: _____

(in meters [3.3 feet = 1 meter] - or - how many stories tall is the structure if antenna is mounted on top)

Longitude & Latitude (if known)

Longitude (DDD° MM' SS.S"): _____° _____' _____" Latitude (DD° MM' SS.S"): _____° _____' _____"

Effected Radiated Power: _____ Brand/Model of Radios Used (UHF/VHF): _____

Number of Talk Around Channels requested: _____ Repeater Pair Needed: _____

Type of Entity - Must check one

- Governmental Public School/Public University/Public Hospital (Government Entity)
 Non-Profit (Please attach IRS Federal Tax Exempt Statement 501c3)
 Corporation Other—please specify _____