

BUSINESS RADIO LICENSING/Worksheet 800-783-9006 949-348-8510

30251 Golden Lantern, Suite E #501, Laguna Niguel, Ca 92677 Fax: 949-348-8514 E-mail: info@businessradiolicensing.com

Date: _____

Communications Company (optional): _____ Salesperson: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail _____

Who to Invoice: Licensee _____ Comm Co _____ Send forms to: Licensee _____ Comm Co _____

Legal name of licensee: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____ E-mail _____

Mailing address: _____ Physical: _____

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

1. Type of entity: Corp _____ LLC _____ Individual _____ Partnership _____ Association _____ Govt Entity _____

2. Type of request: New license _____ Modification _____ (If Modification list call sign _____)

3. Frequency requesting (if already known): _____ Do you want to monitor? Yes _____ No _____

4. Frequency band requested: 25-49 _____ 150-173(VHF) _____ 451-469(UHF) _____ 470-512 _____ Other _____

Indicate minimum and maximum splits of VHF repeater _____

5. Which type of system are you proposing: Conventional _____ Trunked _____

6. Type of system sold (mark one): Mobile/portable only _____ Base & mobile simplex _____

Customer owned single user repeater _____ Paging system _____ Other _____

7. Wattage of the equipment sold: Mobile _____ Portables _____ Base _____ Repeaters _____

8. Are you using Digital emissions?: Yes _____ No _____ (if yes, please list manufacturer _____)

9. Will the system be interconnected with public switched telephone network? Yes _____ No _____

10. Amount of radios used/Purchased: _____ Pagers _____

11. Location of transmitter(s): _____

City: _____ State: _____ County _____

12. Antenna mounted on: Building _____ Tower _____ Other _____

Antenna height above ground _____ ft Height of structure (not including antenna) _____ ft

Additional Comments or Additional Sites: _____
