

# HAGGERTY COMMUNICATIONS GROUP

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## LAND MOBILE RADIO SERVICE APPLICATION QUESTIONNAIRE

(For information on applications for Microwave and Common Carrier, or other services, please contact us)

<b>Please complete and fax to (619) 698-9574</b>	DO NOT WRITE IN THIS SPACE
<b>DATE</b> _____	<b>FILE #</b> _____
Total number of pages sent _____	<b>DATE RECEIVED</b> _____
<input type="checkbox"/> Please confirm receipt of this document by return fax (or other) _____	

The following information is needed to complete the 'Application for Mobile Radio Service Authorization', FCC Form 601. Please complete as much information as you can, we will assist you in obtaining any additional information needed. If a copy of the current station license is available, please attach.

<b><u>Applicant</u></b>			
Name _____	Voice Telephone ( ) _____		
(DBA) _____	Extension or other _____		
Street or P.O. Box _____	Fax Telephone ( ) _____		
(Attention) _____	COMPLETE FOR CONTACT BY US (IF DESIRED)		
City _____	County _____	State _____	ZIP Code _____
Applicant is an :	<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	<input type="checkbox"/> Government Entity		
Name of person signing _____	Title _____		
(Please type or print)			
Tax payer ID number _____	Purchase order or reference number _____		
(Required)	(if appropriate)		

Contact Representative	<b><u>DO NOT COMPLETE IF YOU ARE THE APPLICANT</u></b>		
Name _____	Voice Telephone ( ) _____		
Company _____	Extension or other _____		
Street _____	Fax Telephone ( ) _____		
City _____	State _____	Zip Code _____	
Purchase Order or reference number _____	E-mail Address _____		
<input type="checkbox"/> Contact me for any additional information	<input type="checkbox"/> You may contact the applicant directly for any additional information		

**HAGGERTY COMMUNICATIONS GROUP LAND MOBILE RADIO SERVICE APPLICATION QUESTIONNAIRE**

**FIXED BASE STATIONS**

**Purpose of this filing** (check all that apply)

Request a new station license     Renew an existing license     Modify an existing license  
 Reinststate an expired call sign     Assign an existing license    List modifications \_\_\_\_\_

**Type of Service**

If this filing is in reference to an existing station, call sign of existing station \_\_\_\_\_

Will this service be telephone interconnected?    YES     NO

Service will be provided to internal users only     Service will be provided for profit to eligible users

**Eligibility**    Describe business activity \_\_\_\_\_

**Radio System Point of Contact** (if different from address shown on page 1)

Street \_\_\_\_\_ Voice Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Frequencies in use and/or Selected or Frequency range requested for search**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIXED STATION A or \_\_\_\_\_** For additional stations, copy this page and complete only this section as needed

Address or Geographic Location \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

★Latitude \_\_\_\_ - \_\_\_\_ - \_\_\_\_    ★Longitude \_\_\_\_ - \_\_\_\_ - \_\_\_\_    ★Ground Elevation \_\_\_\_ feet

Is there an existing station at this location?(yes/no) \_\_\_\_\_ if yes, give call sign \_\_\_\_\_ Radio Service \_\_\_\_\_

Type of antenna support structure \_\_\_\_\_    Height of Support Structure \_\_\_\_\_ ft  
(building, pole, tower, etc.)

How is antenna mounted? \_\_\_\_\_ If top mounted, overall height above structure \_\_\_\_\_ feet  
(side, top, etc...)

★HAAT \_\_\_\_\_ feet    FAA Tower Number \_\_\_\_\_

Antenna Gain \_\_\_\_\_ dB    Transmitter Power Output \_\_\_\_\_ watts    FCC Tower Number \_\_\_\_\_

Number of mobile units \_\_\_\_\_    Maximum Range of mobiles \_\_\_\_\_ miles    Mobile Transmitter power output \_\_\_\_\_ watts

**Center of Mobile Operations**    (If other than station A, please describe below in notes)

Notes: \_\_\_\_\_  
\_\_\_\_\_

\* If these items are not known, please provide city map with location marked or nearest cross street.

**APPLICATION FOR MOBILE RADIO SERVICE QUESTIONNAIRE – MOBILE ONLY**

**Purpose of this filing** (check all that apply)

- Request a new station license     Renew an existing license     Modify an existing license  
 Reinststate an expired call sign     Assign an existing license    List modifications \_\_\_\_\_

**Type of Service**

If this filing is in reference to an existing station, call sign of existing station \_\_\_\_\_

Will this service be telephone interconnected?    YES     NO

Service will be provided to internal users only     Service will be provided for profit to eligible users

**Eligibility**    Describe business activity \_\_\_\_\_

**Radio system center of operations**    (if different from address shown on page 1)

Street \_\_\_\_\_ Voice Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Geographic coordinates, if known

★ Latitude \_\_\_\_\_    ★ Longitude \_\_\_\_\_

Maximum distance radios are operated from that location \_\_\_\_\_ miles

Number of mobile units \_\_\_\_\_    Mobile transmitter power output \_\_\_\_\_ watts

**Frequencies in use and/or Selected**    or    **Frequency range requested for search**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\* If Latitude and Longitude are not known please provide city map with location marked or nearest cross street