

# BUSINESS RADIO LICENSING/Worksheet 800-600-EAGLE 949-837-8788

2 McLaren Suite D, Irvine CA 92618 Fax: 949-837-2511 E-mail: sales@two-wayradio.com

Date: \_\_\_\_\_ Request Special Temporary Authority – STA

Emergency Reason for STA \_\_\_\_\_

Communications Company: EAGLE COMMUNICATIONS Salesperson: \_\_\_\_\_

Address: 2 MCLAREN SUITE D City: IRVINE State: CA Zip: 92618

Phone: 949-837-8788 Fax: 949-837-2511

Invoice: \_\_\_\_\_ Licensee \_\_\_\_\_ Comm Co Send forms to:  Licensee  Comm Co

Legal name of licensee: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Physical: \_\_\_\_\_

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

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

2. Type of request: New license \_\_\_\_\_ Yes \_\_\_\_\_ No Modification \_\_\_\_\_ Yes \_\_\_\_\_ No

A. If modification list call sign \_\_\_\_\_ Expiration Date \_\_\_\_\_

B. Reason for modification \_\_\_\_\_

3. Frequency requesting: \_\_\_\_\_ Do you want to monitor? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Frequency band requested: \_\_\_\_\_ 25-49(low band) \_\_\_\_\_ 150-173(vhf) \_\_\_\_\_ 451-469(uhf) \_\_\_\_\_ 470-512 \_\_\_\_\_ 12.5 offsets

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 (MO) \_\_\_\_\_ Base & mobile simplex (FB/MO)

\_\_\_\_\_ Add on to existing community repeater (FB4) \_\_\_\_\_ Commercial/private carrier (FB6)

\_\_\_\_\_ Customer owned single user repeater (FB2/mo) \_\_\_\_\_ Paging system(FB) \_\_\_\_\_ Fixed operational system (FXO)

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

8. What is the bandwidth being requested \_\_\_\_\_ 6.25 khz \_\_\_\_\_ 7.5 khz \_\_\_\_\_ 12.5 khz \_\_\_\_\_ 25 khz

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

10. Type of emissions: \_\_\_\_\_ Voice \_\_\_\_\_ Alpha-numeric \_\_\_\_\_ Tone \_\_\_\_\_ Digital Data

11. Amount of radios used/Purchased: \_\_\_\_\_ Pagers \_\_\_\_\_

12. Location of transmitter(s): \_\_\_\_\_

Major cross streets: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

13. Antenna mounted on \_\_\_\_\_ Building \_\_\_\_\_ Tower \_\_\_\_\_ Other \_\_\_\_\_

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

14. Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W (if not known leave blank)

15. Licensee's type of business? \_\_\_\_\_