



# FCC FORM 601 QUESTIONNAIRE

1. Call Sign/Site Name: \_\_\_\_\_

2. Antenna Structure Registration (ASR) #, Else N/A \_\_\_\_\_  
(REQUIRED IF APPLICABLE)

3. Site/Structure Information: (Not necessary if ASR number or Call Sign given)

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Overall Twr/Bldg Height (AGL in meters): \_\_\_\_\_

Overall Twr/Bldg Height with Appurtenances: (AGL in meters): \_\_\_\_\_

Briefly Describe the Antenna and any Associated Supporting Structure: \_\_\_\_\_

4. Would a commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (NEPA/Radiation Hazard compliant?)  Yes  No

(ITEMS 5-19 ONLY NEED TO BE COMPLETED FOR ONE SITE)

5. Taxpayer ID Number (TIN) (REQUIRED) \_\_\_\_\_

6. FCC FRN Number (10 Digit, Optional) \_\_\_\_\_

7. FCC Password (Required for online filing) \_\_\_\_\_

8. FCC Phone # for Password (1-202- 414-1250) \_\_\_\_\_

9. Type of Applicant:  Individual  Partnership  Association  Corporation  Government Entity

10. Will system be connected to public switched telephone network? **Yes No**

11. Applicant exempt from application fees?:  Yes  No Regulatory Fees?:  Yes  No

12. Licensee Name and Address: \_\_\_\_\_

13. Attention to: \_\_\_\_\_

14. Phone and Fax Number: \_\_\_\_\_

15. E-mail or Internet Address: \_\_\_\_\_

16. Name of the Authorized Signer: \_\_\_\_\_  
Signer's Title: \_\_\_\_\_

(ITEMS 17-19 ONLY NEED TO BE COMPLETED IF DIFFERENT THAN LICENSEE)

17. Name of Technical Contact: \_\_\_\_\_

18. Company Name and Address: \_\_\_\_\_

19. Phone and Fax Number: \_\_\_\_\_

Fax or Email completed forms to [customersupport@comsearch.com](mailto:customersupport@comsearch.com) Fax: (703) 726-5595  
Questions? Please call (703) 726-5650