

FCC MICROWAVE LICENSING FORM

The following information must be completed prior to Comsearch's processing of your FCC Form 601

Licensee Information

FCC FRN NUMBER (10 DIGIT, REQUIRED)		FCC PASSWORD (REQUIRED FOR ONLINE FILING)	
LICENSEE COMPANY NAME		ATTN TO	
TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> GOVERNMENT ENTITY			
LICENSEE ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
NAME OF AUTHORIZED SIGNER (PLEASE PRINT)		TITLE OF AUTHORIZED SIGNER	
RADIO SERVICE <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> PRIVATE MICROWAVE			
WILL SYSTEM BE CONNECTED TO PUBLIC SWITCHED TELEPHONE NETWORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
APPLICANT EXEMPT FROM APPLICATION FEES <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT EXEMPT FROM REGULATORY FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Contact (must only be completed if different than licensee)

COMPANY NAME		ATTN TO	
ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

Structure Information

SITE NAME	CALL SIGN (IF APPLICABLE)	ANTENNA REGISTRATION NUMBER (IF ANY)
SITE ADDRESS		
CITY	COUNTY	
STRUCTURE TYPE (BUILDING, TOWER, WATER TANK, ETC)	IF TOWER, PLEASE SPECIFY: GUYED, LATTICE OR SELF SUPPORT	
STRUCTURE HEIGHT W/OUT APPURTENANCES (IN METERS)	OVERALL STRUCTURE HEIGHT (IN METERS)	

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

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YES NO

Site & Structure Information

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STRUCTURE TYPE (BUILDING, TOWER, WATER TANK, ETC)	IF TOWER, PLEASE SPECIFY: GUYED, LATTICE OR SELF SUPPORT	
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YES NO

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YES NO