

FCC SYSTEM INFORMATION SHEET – TWO-WAY

Applicant Name: _____ Private ___ Gov't ___

Address: _____

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

Phone Number: _____ Contact Person: _____

Taxpayer Identification Number (FCC REQUIRED): _____
(This is a 9-digit Federal number)

Location of Radio (repeater/base) System: (Write *same* if same as above) (NO PO BOXES)

Address: _____

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

Phone Number: _____ Coordinates: _____

Height of Building or Tower: _____ Antenna Length: _____ Elevation: _____ ft

Number of Units (mobiles and portables): _____ Area of Operation (miles radius of):

_____ miles. Frequency (ies): _____ VHF/UHF

Special Instructions: _____