

CARA ENTERPRISES, INC

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FCC SYSTEM INFORMATION SHEET – GPS REPEATER

Applicant Name: _____

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: _____

Narrowband: __ Wideband: __ Height of Building or Tower: _____ Antenna Length: _____

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

of): _____ miles. Frequency (ies): _____

VHF _____ UHF _____

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