

CARA ENTERPRISES, INC

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FCC SYSTEM INFORMATION SHEET - IRRIGATION

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 Irrigation System: (Write *same* if same as above) (NO PO BOXES)

Address: _____

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

Phone Number: _____

Frequency (ies): _____ VHF/UHF

Number of Units (sites): _____ Area of operation (miles radius of): _____

Special Instructions: _____

Type of Equipment (brand name of System): _____

Dealer Name: _____

Contact Person: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ (we will notify you by e-mail)

Please send me _____ order(s) of the **FCC Rules and Regulations**. I have enclosed a check in the amount of **\$99**, for each copy ordered.

Make check payable to **CARA ENTERPRISES, INC**

If a private golf course, city, county government or school: **\$550** (link system), **\$625** (repeater) **\$735** (both)

Fees subject to change without notice. 09/2011