

BUSINESS RADIO LICENSING/Worksheet 800-600-EAGLE 949-837-8788

2 McLaren Suite D, Irvine CA 92618 Fax: 949-837-2511 E-mail: sales@two-wayradio.com

Date: _____ Request Special Temporary Authority – STA

Emergency Reason for STA _____

Communications Company: EAGLE COMMUNICATIONS Salesperson: _____

Address: 2 MCLAREN SUITE D City: IRVINE State: CA Zip: 92618

Phone: 949-837-8788 Fax: 949-837-2511

Invoice: _____ Licensee _____ Comm Co Send forms to: Licensee Comm Co

Legal name of licensee: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

Mailing address: _____ Physical: _____

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

1. Type of entity: _____ Corp _____ LLC _____ Individual _____ Partnership _____ Association _____ Govt Entity

2. Type of request: New license _____ Yes _____ No Modification _____ Yes _____ No

A. If modification list call sign _____ Expiration Date _____

B. Reason for modification _____

3. Frequency requesting: _____ Do you want to monitor? _____ Yes _____ No

4. Frequency band requested: _____ 25-49(low band) _____ 150-173(vhf) _____ 451-469(uhf) _____ 470-512 _____ 12.5 offsets

Indicate minimum and maximum splits of VHF repeater _____

5. Which type of system are you proposing: _____ Conventional _____ Trunked

6. Type of system sold (mark one): _____ Mobile/portable only (MO) _____ Base & mobile simplex (FB/MO)

_____ Add on to existing community repeater (FB4) _____ Commercial/private carrier (FB6)

_____ Customer owned single user repeater (FB2/mo) _____ Paging system(FB) _____ Fixed operational system (FXO)

7. Wattage of the equipment sold: _____ Mobile _____ Portables _____ Base _____ Repeaters

8. What is the bandwidth being requested _____ 6.25 khz _____ 7.5 khz _____ 12.5 khz _____ 25 khz

9. Will the system be interconnected with public switched telephone network? _____ Yes _____ No

10. Type of emissions: _____ Voice _____ Alpha-numeric _____ Tone _____ Digital Data

11. Amount of radios used/Purchased: _____ Pagers _____

12. Location of transmitter(s): _____

Major cross streets: _____ City: _____ County: _____ State: _____

13. Antenna mounted on _____ Building _____ Tower _____ Other _____

Antenna height above ground _____ ft Height of structure (not including antenna) _____ ft

14. Latitude _____ N Longitude _____ W (if not known leave blank)

15. Licensee's type of business? _____