FCC License Applicant Information:

All information is required. Please fill out completely!

This application is for: ☐ New: ☐ Modification: ☐ Renewal: ☐ Renewal/Modification:

Entity type:
☐ Corporation ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership
☐ Limited Liability Company ☐ General Partnership ☐ Consortium ☐ Trust
☐ Unincorporated Association ☐ Non-Profit _# _____
☐ Government Entity ☐ Public Safety Entity
☐ Individual ☐ Amateur Radio Club ☐ RACES ☐ Military Recreation
☐ Other: _____

Entity Name (Licensee) : This is how it will appear on your License.

Attention To: This is best to be a title or department name, not an individual.

Mailing Address: City:

State: Zip Code: Federal Taxpayer ID #: For individual please use Social Security #

Phone: Fax: Email:

Type/nature of business/organization:

More than one physical address? – Please list all locations on a separate sheet.

Physical Radio Address: _____ Phone: _____

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

Activity/ how will you use the radios

☐ Radios will be used by staff and management for communication of daily business activities and safety concerns.

☐ Other: _____

The signature below is authorization from the above individual/organization giving Eagle Communications (Radio Network, Inc.) the authority to submit an application to the FCC electronically on behalf of the licensee. Secondly, if appropriate, an FCC approved and certified **Frequency Coordinator** will provide coordination services and forwards the application to the FCC electronically. Additionally, you authorize Radio Network, Inc.to change the FCC FRN password. Lastly, you attest you are not a foreign entity or a corporation owned by foreign entity, nor representing a foreign government. The Applicant or corporation filing is not having more than one-fifth of the capital stock owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country. As the licensee you understand final review of this application is your responsibility and Radio Network, Inc. or its subsidiaries and/or agents are not liable for injury or expenses resulting from incorrect information included therein.

Type or print name of person signing this letter of authorization and license application

By: _____ Title: _____

Signature: _____ Date: _____

E-Mail Address: _____ Phone: _____