



LICENSING ASSISTANCE OFFICE

MOBILE/PORTABLE WORKSHEET

EWA/LAO # _____

Applicant / Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

FRN # _____ Password: _____ (or) TIN # _____

- Individual Partnership Corporation Association Governmental Entity LLC

Dealer / Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- New License (Or) Modification (to existing license) Call Sign: _____

List all required modification: _____

◆Radios used to coordinate what activity: _____

◆Point of Contact Address: _____ Phone: _____

City: _____ County: _____ State: _____

◆ Band (MHz): 25-49 72-75 150-174 420-430 450-470 470-512 4.9 GHz

◆Transmitting: Voice Data Tone All ◆Bandwidth: 25 kHz 12.5 kHz 6.25 kHz

◆ TDMA (Time Division Multiple Access) Yes No FDMA (Frequency Division Multiple Access) Yes No

◆UHF Offset Requested: Yes ◆Number of requested frequencies: _____ ◆Interconnect: Yes No

◆Total number of units: _____ ◆Output power: _____ ◆ERP: _____

◆Itinerant: Nationwide (or) State(s): _____ ◆FRN Password: _____

◆Area of Operation: _____ MIRA of City: _____ County: _____

Latitude: _____ (N) Longitude: _____ (W) State: _____

METHOD OF PAYMENT: CHECK (or) CREDIT CARD VISA MASTER CARD AMERICAN EXPRESS

Total Amount Due: \$ _____ (Checks payable to EWA) Credit Card # _____

Name as it appears on card: _____ Exp Date: _____

Street Address: _____ Zip: _____

Cardholder Signature: _____

By signing below, we give LAO/EWA permission to file the above requested FCC license application. All information is correct to the best of our knowledge. LAO/EWA will select the appropriate frequency coordinator for this system unless otherwise specified. Please be advised that in frequency deficient areas, additional fees may be incurred if interservice sharing is necessary to obtain a frequency.

SIGNED: _____ PRINTED: _____