

**SAMPLE 5**FCC 601  
Main FormFCC Application for Wireless Telecommunications Bureau  
Radio Service AuthorizationApproved by OMB  
3060 - 0798  
See instructions for  
public burden estimate

|                                  |                                  |
|----------------------------------|----------------------------------|
| 1) Radio Service Code: <b>TP</b> | 1a) Existing Radio Service Code: |
|----------------------------------|----------------------------------|

Application Purpose (Select only one) **(AU)**

|     |   |   |  |   |
|-----|---|---|--|---|
| 2)  | <b>NE</b> - New<br><b>MD</b> - Modification<br><b>AM</b> - Amendment  | <b>RO</b> - Renewal Only<br><b>RM</b> - Renewal/Modification<br><b>CA</b> - Cancellation of License | <b>CO</b> - Consolidate Call Signs<br><b>WD</b> - Withdrawal of Application<br><b>DU</b> - Duplicate License | <b>NT</b> - Required Notifications<br><b>EX</b> - Requests for Extension of Time<br><b>AU</b> - Administrative Update |
| 3a) | If this request is for a <b>D</b> evelopmental License or an <b>STA</b> (Special Temporary Authorization), enter the appropriate code and attach the required exhibit as described in the instructions. Otherwise enter <b>N</b> (Not Applicable).  |   |  | ( ) <b>D S N/A</b>  |
| 3b) | If this request is for Special Temporary Authority due to an emergency situation, enter >Y=; otherwise enter >N=  |   |  | ( ) <b>Yes No</b>   |
| 4)  | If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.   |   |  | File Number   |
| 5)  | If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.   |   |  | Call Sign<br><b>WXXX123</b>   |
| 6)  | If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).  |   |  | MM DD   |
| 7)  | If this request is for a Modification, Renewal/Modification, or Amendment (of a currently pending New or Modification) of a site-specific authorization (other than Part 101 Microwave), will the request increase or expand the composite coverage area, service area, or interference contour as defined in the Commission's rules for your service; or for a Cellular authorization, will the request result in an expansion of the CGSA (after expiration of the 5 year build out period), a de minimus SAB extension into unserved area in an adjacent market, or a change of channel block as defined in Part 22 of the Commission's rules? |   |  | ( ) <b>Yes No</b>   |
| 8a) | Does this filing request a Waiver of the Commission's rules?<br>If >Yes=, attach an exhibit providing rule numbers and explaining circumstances.  |   |  | ( ) <b>Yes No</b>   |
| 8b) | If a feeable waiver request is attached, multiply the number of stations times the number of rule sections and enter the result.  |   |  |   |
| 9)  | Are attachments being filed with this application?  |   |  | ( ) <b>Yes No</b>   |

**Applicant Information**

|  |   |            |         |
|--|---|------------|---------|
| 10a) Taxpayer Identification Number: <b>123456789</b>                            | 10b) SGIN:  |            |         |
| 11) Applicant/Licensee is a(n): ( )  |   |            |         |
| <input type="checkbox"/> Individual Corporation                                  | <input type="checkbox"/> Unincorporated Association Limited Liability Corporation |            |         |
| <input type="checkbox"/> Trust Partnership                                       | <input type="checkbox"/> Government Entity Consortium                             |            |         |
| <input type="checkbox"/> Joint Venture   |   |            |         |
| 12) First Name (if individual):  | MI:   | Last Name: | Suffix: |
| 13) Entity Name (if other than individual):<br><b>POWER ASSOC OF AMERICA INC</b> |   |            |         |
| 14) Name of Real Party in Interest of Applicant:                                 | 15) Taxpayer Identification Number:   |            |         |

**Applicant Information (continued)**

|   |                      |  |
|---|----------------------|--|
| 16) Attention To: <b>JOHN DOE II</b>        |                      |  |
| 17) P.O. Box: <b>123</b>                    | <b>And / Or</b>      | 18) Street Address:<br><b>456 NORTH ST</b> |
| 19) City: <b>NOWHERE</b>                    | 20) State: <b>PA</b> | 21) Zip: <b>11111-1111</b>                 |
| 22) Telephone Number: <b>(123) 456-7890</b> |                      | 23) FAX: <b>(123) 456-7891</b>             |
| 24) E-Mail Address: <b>jdoe@jcomm.com</b>   |                      |  |

**Contact Information (If different from the applicant)**

|  |                      |  |         |
|--|----------------------|--|---------|
| 25) First Name: <b>Jayne</b>                       | MI:                  | Last Name: <b>Doe</b>                      | Suffix: |
| 26) Entity Name: <b>Doe Communications Inc</b>     |                      |  |         |
| 27) P.O. Box:                                      | <b>And / Or</b>      | 28) Street Address:<br><b>456 NORTH ST</b> |         |
| 29) City: <b>GETTYSBURG</b>                        | 30) State: <b>PA</b> | 31) Zip:<br><b>17325</b>                   |         |
| 32) Telephone Number: <b>(123) 456 - 7890</b><br>* |                      | 33) FAX: <b>(123) 456 - 7891</b>           |         |
| 34) E-Mail Address: <b>jayne@doecomm.com</b>       |                      |  |         |

**Regulatory Status**

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

( ) Common Carrier      ( ) Non-Common Carrier      ( ) Private, internal communications

**Type of Radio Service**

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

( ) Fixed      ( ) Mobile      ( ) Radiolocation      ( ) Satellite (sound)

37) Interconnected Service? ( ) Yes No

**Fee Status**

38) Is the applicant exempt from FCC application fees? ( ) Yes No

39) Is the applicant exempt from FCC regulatory fees? ( ) Yes No

### Alien Ownership Questions

|  |                          |
|--|--------------------------|
| 40) Is the applicant a foreign government or the representative of any foreign government?   | ( ) <u>Yes</u> <b>No</b> |
| 41) Is the applicant an alien or the representative of an alien?   | ( ) <u>Yes</u> <b>No</b> |
| 42) Is the applicant a corporation organized under the laws of any foreign government?   | ( ) <u>Yes</u> <b>No</b> |
| 43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?  | ( ) <u>Yes</u> <b>No</b> |
| 44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is 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?<br>If =Yes=, attach exhibit explaining nature and extent of alien or foreign ownership or control. | ( ) <u>Yes</u> <b>No</b> |

### Basic Qualification Questions

|   |                          |
|---|--------------------------|
| 45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?<br>If =Yes=, attach exhibit explaining circumstances.  | ( ) <u>Yes</u> <b>No</b> |
| 46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?<br>If =Yes=, attach exhibit explaining circumstances.  | ( ) <u>Yes</u> <b>No</b> |
| 47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?<br>If =Yes=, attach exhibit explaining circumstances. | ( ) <u>Yes</u> <b>No</b> |
| 48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?<br>If =Yes=, attach exhibit explaining circumstances.   | ( ) <u>Yes</u> <b>No</b> |

### 49) Race, Ethnicity, and Gender of Applicant/Licensee (Optional):

|                   |                                   |                         |                            |  |        |
|-------------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| <b>Race:</b>      | American Indian or Alaska Native: | Asian:                  | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| <b>Ethnicity:</b> | Hispanic or Latino:               | Not Hispanic or Latino: |                            |  |        |
| <b>Gender:</b>    | Female:                           | Male:                   |                            |  |        |

### General Certification Statements

|  |
|--|
| 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.  |
| 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*<br><br>*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.   |
| 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.  |
| 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. ' 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR ' 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR ' 1.2002(b), for the definition of "party to the application" as used in this certification. |
| 5) The applicant certifies that it either (1) has a current Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.  |

**Signature**

50) Typed or Printed Name of Party Authorized to Sign

|  |     |                       |                            |
|--|-----|-----------------------|----------------------------|
| First Name: <b>JOHN</b>  | MI: | Last Name: <b>DOE</b> | Suffix: <b>II</b>          |
| 51) Title: <b>VICE PRESIDENT</b>   |     |                       |                            |
| Signature: ( <b>Must bear an original signature when manually filed.</b> ) |     |                       | 52) Date:<br><b>3-1-00</b> |

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/ OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/ OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/ OR FORFEITURE (U.S. Code, Title 47, Section 503).

**FCC 601**  
**Schedule I Fixed Microwave and Microwave Broadcast Auxiliary Services**  
**(Parts 101 and 74)**

Approved by OMB  
 3060 - 0798  
 See 601 Main Form Instructions  
 for public burden estimate

**Administrative Information**

|  |   |                     |
|--|---|---------------------|
| 1) Is this application being filed as part of a pack?:   | ( ) <u>Yes</u> / <u>No</u>  |                     |
| 2a) If the answer to Item 1 is >Yes-, enter the pack identification number (required if the pack identification number has already been assigned by the FCC):  |   |                     |
| 2b) Pack Name:   |   |                     |
| 3) Type of Operation (refer to instructions) Check One Only:<br>( ) Permanent Fixed Point to Point<br>( ) Multiple Address System (MAS)<br>( ) Temporary Fixed/Mobile<br>( ) Digital Electronic Message Service (DEMS)   | 4) Station Class:<br><br>( ) 18 GHz Low Power<br>( ) 31 GHz<br>( ) 38 GHz | 5) DEMS only: SMSA: |
| 6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, ( ) <u>Yes</u> / <u>No</u> along with all minor Modification or Amendment requests filed since the you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? |   |                     |
| 7) Has frequency coordination been completed for this application? ( ) <u>Yes</u> / <u>No</u>  |   |                     |

**Frequency Coordinator Information**

Complete Items 8 through 10 if not self-coordinated

| 8) Frequency Coordination Number | 9) Name of Frequency Coordinator | 10) Telephone Number | 11) Coordination Date |
|----------------------------------|----------------------------------|----------------------|-----------------------|
|                                  |                                  |                      |                       |
|                                  |                                  |                      |                       |
|                                  |                                  |                      |                       |
|                                  |                                  |                      |                       |
|                                  |                                  |                      |                       |

**Broadcast Auxiliary Only**

|  |                                     |                                       |  |
|--|-------------------------------------|---------------------------------------|--|
| If there is an associated Parent Station, provide:   | 12a) Facility Id of Parent Station: | 12b) Radio Service of Parent Station: | 12c) City and State of Parent Station Principal Community: |
| If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13. |                                     |                                       | 13) State of Primary Operation:                            |

**Control Point (Technical Point of Contact)**

|                       |   |                         |
|-----------------------|---|-------------------------|
| 14) Action <b>A/M</b> | 15) Location<br>Street Address, City or Town, County, State | 16) Telephone Number    |
| <b>M</b>              | <b>456 NORTH ST, GETTYSBURG, ADAMS, PA</b>                  | <b>(123) 456 - 7890</b> |