

# FCC License Questionnaire - Portable Stations

**This form initiates FCC licensing services from Information Station Specialists.**

To complete manually, print this form and handwrite or type your responses, then fax it to Bill Baker at 616.772.2966 or mail it to Bill via USPS at the address on the bottom of this page. To complete the form online, open it in Adobe Acrobat Reader, key your responses and email the completed form to us by clicking the "Submit by Email" button. (Note: Although forms completed online cannot be saved digitally in their completed state unless you have Adobe Acrobat Pro software, they can be emailed back to us intact by clicking the "Submit by Email" button and printing a copy to keep for yourself. Clicking the "Submit by Email" button offers you a print.)

**A TODAY'S DATE \_\_\_\_\_ & REGISTRATION STATUS**

I am already registered with the FCC.  Yes  No

*If already registered, be sure to fill out the "FCC Registration Number and Password," Section C, below.*

**B APPLICANT IDENTIFICATION**

**Governmental Entities Only**

Entity/Agency Name \_\_\_\_\_

Federal ID Number (9 digit TIN/FEIN) \_\_\_\_\_

Position (e.g., City Manager) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**C FCC REGISTRATION NUMBER AND PASSWORD**

**Pre-Registered Entities Only**

FCC Registration Number (10 digit) \_\_\_\_\_ Password \_\_\_\_\_

**D ACTIVITY**

**Acquire a New License**

Check here if this application is for a new license.

**Modify an Existing License**

Check here if this application is to modify or update an existing license.

Callsign of Existing License \_\_\_\_\_

**E GOVERNMENT OFFICIAL WHO WILL AUTHORIZE THE FCC APPLICATION \***

Name \_\_\_\_\_

Title \_\_\_\_\_

*\*May be a medical response agency official with a government authorization letter.*

**F CONTROL LOCATION**

**Station Control Location**

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_

**G AREA OF OPERATION**

**Geographic Area of Operation for the Portable Station** (*counties, group of cities, roadway areas, etc.*)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**H THIS SECTION FOR INTERNAL USE ONLY**

Latitude/Longitude \_\_\_\_\_

City/State \_\_\_\_\_

County \_\_\_\_\_

Radius \_\_\_\_\_

**I AM FREQUENCIES**

**AM Frequency or Frequencies (if known) on which You Desire to Operate as Described in Section G, above.**

---

*NOTE: We will work with you to determine appropriate frequencies for the desired area of operation.*

**J Fixed Antenna Location (optional)**

Complete this section only if you will operate your portable station at a fixed location on a regular basis and wish to have a fixed-point license for the station as well. A fixed-point license will provide 15 km of protection from co-channel licensing by other entities.

Name Used to Identify this Location \_\_\_\_\_

*IMPORTANT: For each antenna location, provide latitude/longitude, if you know it, and the street address. If the location has no street address, provide a detailed description of the proposed location.*

Latitude/Longitude -- optional \_\_\_\_\_

Street Address or Detailed Location Description \_\_\_\_\_

City/State \_\_\_\_\_ County \_\_\_\_\_

Ground Elevation above Sea Level (in meters) -- optional \_\_\_\_\_

Height of Antenna Support \_\_\_\_\_

Total Antenna Height \_\_\_\_\_

Antenna Support Type (pole, building or something else?) \_\_\_\_\_

Frequency (if known) \_\_\_\_\_

*We will work with you to determine the appropriate frequency for each antenna location.*

**K Statement of Understanding**

I understand that Information Station Specialists is not responsible for the approval or disapproval of this license application by the Federal Communications Commission. If granted, operation is subject to changes in primary services on the AM broadcast band and must accommodate those changes. (For portable operations, this also includes the accommodation of fixed-point changes.) I understand that broadcast equipment I might install has the potential to receive interference from other sources and might cause interference to existing telecommunications and that I am responsible for correcting such situations unless caused by component malfunction. I further state that the information provided on this form is accurate, to the best of my knowledge, and that I have the approval of the above-named governmental entity to provide the information on its behalf and in its name.

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

**Contacts**

*Indicate representatives of your agency or organization who need to be kept abreast of the progress of this application.*

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**L THIS SECTION FOR INTERNAL USE ONLY**

Attachment Number \_\_\_\_\_

STA File Number \_\_\_\_\_

STA Callsign \_\_\_\_\_

STA Expiration Date \_\_\_\_\_

10-Year File Number \_\_\_\_\_