



## FCC MICROWAVE LICENSING FORM

The following information must be completed prior to Comsearch's processing of your FCC Form 601

### Licensee Information

<b>FCC FRN NUMBER (10 DIGIT, REQUIRED)</b>		FCC PASSWORD (REQUIRED FOR ONLINE FILING)	
LICENSEE COMPANY NAME		ATTN TO	
TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> GOVERNMENT ENTITY			
LICENSEE ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
NAME OF AUTHORIZED SIGNER (PLEASE PRINT)		TITLE OF AUTHORIZED SIGNER	
RADIO SERVICE <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> PRIVATE MICROWAVE			
WILL SYSTEM BE CONNECTED TO PUBLIC SWITCHED TELEPHONE NETWORK? <div style="text-align: right;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</div>			
APPLICANT EXEMPT FROM APPLICATION FEES <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT EXEMPT FROM REGULATORY FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Technical Contact (must only be completed if different than licensee)

COMPANY NAME		ATTN TO	
ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

### Structure Information

SITE NAME	CALL SIGN (IF APPLICABLE)	ANTENNA REGISTRATION NUMBER (IF ANY)
SITE ADDRESS		
CITY	COUNTY	
STRUCTURE TYPE (BUILDING, TOWER, WATER TANK, ETC)	IF TOWER, PLEASE SPECIFY: GUYED, LATTICE OR SELF SUPPORT	
STRUCTURE HEIGHT W/OUT APPURTENANCES (IN METERS)	OVERALL STRUCTURE HEIGHT (IN METERS)	

**Would a commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (NEPA/Radiation Hazard compliant?)**

YES     NO

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YES       NO

### Site & Structure Information

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