

MRC Licensing - License Data Sheet

Company Name/DBA: _____ **Fed Tax ID:** _____

Applicant Type: Corp. Individual Gov. Entity LLC Other

Mailing Address: _____
Street City County State Zip

Contact Name: _____ **Contact Phone:** _____

Contact Email: _____ **Contact Fax:** _____

Radio Service Type: Business Public Safety Other Description: _____

Application Type: New Modification Call Sign: _____ Reinstatement

Is this license for: Repeater Base Mobile/Portable Itinerant Mob. Only

Transmitter Location (If other than mailing address): _____
Street City County State Zip

Structure Type: Tower Building Top Mount Side Mount

Structure Height: _____ meters **Structure Height w/ Antenna:** _____ meters

Number of repeater channels requested: VHF _____ UHF _____

Number of mobile/portable channels requested: VHF _____ UHF _____

Total qty of portable units in operation: _____

Area of operation coverage requested: _____ Km

Emission: Analog Digital Voice Data (Check all that apply)

If selecting digital, who is the manufacturer of the equipment to be used: _____

Applicant's Business Activity: _____

Radios will be used for what purpose: _____

Comments pertaining to this application: _____