

NATIONAL LICENSE

6675 E 75TH ST APT 419, INDIANAPOLIS, IN 46250

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MOBILES/PORTABLES INFO WORKSHEET TO OBTAIN FCC LICENSE

APPLICANT NAME: _____

CONTACT PERSON/TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE#: _____

FEDERAL TAXPAYER ID # _____ CORPORATION ? YES ☐ NO ☐

DESCRIBE BUSINESS ACTIVITY: _____

LOCATION OF SYSTEM: _____

(Physical Address or Description is Required)

ALASKA: BORO REQUIRED

CITY: _____ COUNTY: _____ STATE: _____

LATITUDE: _____ LONGITUDE: _____

FREQUENCY INFORMATION

NUMBER OF UNITS: _____ WATTAGE OUTPUT _____ PAGERS _____

AREA OF OPERATION _____ FREQ. RANGE: VHF UHF LOW BAND 800/900

FREQUENCIES REQUESTED: _____

EQUIPMENT: PLEASE PROVIDE EXACT EMISSION DESIGNATOR(S) _____

NEW LICENSE _____ *MODIFICATION _____ CALL SIGN _____

*IF MODIFICATION, PLEASE PROVIDE A COPY OF THE CURRENT LICENSE TO MODIFY

DESCRIBE MODIFICATION: _____

DEALER INFORMATION

DEALERSHIP NAME: _____ CONTACT PERSON: _____

TELEPHONE # () _____ FAX # () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*****FEES*****

PLEASE CALL, FAX OR EMAIL FOR A PRICE QUOTE. PRICE QUOTES VALID 30 DAYS. ONE
CHECK PAYABLE TO: NATIONAL LICENSE CORP. PRICES ARE SUBJECT TO CHANGE
WITHOUT NOTICE. DOES NOT INCLUDE ENGINEERING STUDY FEES IF NECESSARY.