# Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 01/04/2011 at 17:06:11 File Number: 0004555813

## FCC Application for Radio Service Authorization: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB 3060 - 0798 See instructions for public burden estimate

1) Radio Service Code: PW

**FCC 601** 

**Main Form** 

1a) Existing Radio Service Code:

## **General Information**

| 2)  | (Select only one) (MD)                                                                                                                                                                                                                       |                                     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
|     | NE - New RO - Renewal Only AU - Administrative Update NT - Required Notif                                                                                                                                                                    |                                     |
|     | MD - ModificationRM - Renewal/ModificationWD - Withdrawal of ApplicationEX - Requests for EAM - AmendmentCA - Cancellation of LicenseDU - Duplicate LicenseRL - Registered Lo                                                                |                                     |
|     |                                                                                                                                                                                                                                              |                                     |
| 3a) | If this application is for a <u>Developmental License</u> , De <u>monstration License</u> , or a <u>Special Temporary</u><br>Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise | (N) <u>DMSN</u> /A                  |
|     | enter $(\underline{N})$ (Not Applicable).                                                                                                                                                                                                    |                                     |
| 3b) | If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'.                                                                                                                        | ( ) <u>Y</u> es <u>N</u> o          |
|     | Refer to Rule 1.915 for an explanation of situations considered to be an emergency.                                                                                                                                                          |                                     |
| 4)  | If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently                                                                                                                            | File Number                         |
|     | on file with the FCC.                                                                                                                                                                                                                        |                                     |
| 5)  | If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate                                                                                                                            | Call Sign                           |
|     | License, or Administrative Update, enter the call sign of the existing FCC license.                                                                                                                                                          | KSE364                              |
|     | If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.                                                                                                                               |                                     |
| 6)  | If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested                                                                                                                                      | MM DD                               |
|     | authorization expiration date (this item is optional).                                                                                                                                                                                       | /                                   |
| 7)  | Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with the                                                                                                                                 | (Y) <u>Y</u> es <u>N</u> o          |
|     | applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only                                                                                                                                 |                                     |
|     | applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).                                                                                                                              |                                     |
| 8)  | Are attachments (other than associated schedules) being filed with this application?                                                                                                                                                         | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
|     |                                                                                                                                                                                                                                              |                                     |

#### Fees, Waivers, and Exemptions

| 9) Is the Applicant exempt from FCC application fees?                                                                                                                                   | ( <b>Y</b> ) <u>Y</u> es <u>N</u> o |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 10) Is the Applicant exempt from FCC regulatory fees?                                                                                                                                   | ( <b>Y</b> ) <u>Y</u> es <u>N</u> o |
| 11a) Does this application include a request for a Waiver of the Commission's Rule(s)?<br>If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.            | ( <u>N</u> ) <u>Y</u> es <u>N</u> o |
| 11b) If 11a is 'Y', enter the number of rule sections involved.                                                                                                                         | Number of<br>Rule Section(s):       |
| 12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station? | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |

## Applicant Information

| 13) FCC Registration Number (FRN):                                                                                  |        |       |                      |             |               |                            |
|---------------------------------------------------------------------------------------------------------------------|--------|-------|----------------------|-------------|---------------|----------------------------|
| 0005268958                                                                                                          |        |       |                      |             |               |                            |
| 14) Applicant/Licensee Legal Entity Type: (Select One<br>( ) Individual ( )Unincorporated Association               |        | ust ( | <b>X</b> )Government | Entity ( )C | Corporation ( | )Limited Liability Company |
| ( ) General Partnership ( ) Limited Partners                                                                        | hip (  | ) Lin | ited Liability Partn | ership (    | ) Consortium  |                            |
| ( ) Other:                                                                                                          |        |       |                      |             |               |                            |
| 15) If the Licensee name is being updated, is the upd<br>to another party and for which proper Commiss<br>provided? |        |       |                      |             |               | ( ) <u>Y</u> es <u>N</u> o |
| 16) First Name (if individual):                                                                                     | M      | I: L  | ast Name:            |             | ·             | Suffix:                    |
| 17) Legal Entity Name (if other than individual):<br>KOSCIUSKO, COUNTY OF                                           |        |       |                      |             |               |                            |
| 18) Attention To:<br>DENNIS PLETCHER                                                                                |        |       |                      |             |               |                            |
| 19) P.O. Box:                                                                                                       | And/Or | 20) S | treet Address:       |             |               |                            |
|                                                                                                                     |        | 29    | 36 E OLD 30          |             |               |                            |
| 21) City:                                                                                                           |        |       |                      | 22) State:  | 23) Zip       | Code:                      |
| WARSAW                                                                                                              |        |       |                      | IN          | 46582         | 2                          |
| 24) Telephone Number:                                                                                               |        |       | 25) FAX:             |             | •             |                            |
| (574)372-2356                                                                                                       |        |       | (219)3               | 72-2357     |               |                            |
| 26) E-Mail Address:                                                                                                 |        |       |                      |             |               |                            |
| 27) Demographics (Optional):                                                                                        |        |       |                      |             |               |                            |

| Rac<br>( | ce:<br>)American Indian or Alaska Native   | Ethnicity:<br>( )Hispanic or Latino | Gender:<br>( )Male |
|----------|--------------------------------------------|-------------------------------------|--------------------|
| (        | )Asian                                     | ( )Not Hispanic or Latino           | ()Female           |
| (        | )Black or African-American                 |                                     |                    |
| (        | )Native Hawaiian or Other Pacific Islander |                                     |                    |
| (        | )White                                     |                                     |                    |

### Real Party in Interest

| 28) Name of Real Party in Interest of Applicant (If different from | 29) FCC Registration Number (FRN) of Real Party in Interest: |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| Applicant):                                                        |                                                              |
|                                                                    |                                                              |

## Contact Information (If different from the Applicant)

| () Check here if same as Applicant. | ( | ) | Check | here if | same | as / | Applicant. |  |
|-------------------------------------|---|---|-------|---------|------|------|------------|--|
|-------------------------------------|---|---|-------|---------|------|------|------------|--|

| 30) First Name:                  |        | MI:       | Last | Name:                |               | Suffix:         |
|----------------------------------|--------|-----------|------|----------------------|---------------|-----------------|
| LINDA                            |        | D         | SIN  | ONS                  |               |                 |
| 31) Company Name:                |        |           |      |                      |               | •               |
| ATLAS LICENSE COMPANY & DATA SEI | RVICES |           |      |                      |               |                 |
| 32) Attention To:                |        |           |      |                      |               |                 |
|                                  |        |           |      |                      |               |                 |
| 33) P.O. Box:                    | And    | 34) Stree |      |                      |               |                 |
|                                  | /Or    | 7202      | N. S | HADELAND AVE STE 215 |               |                 |
| 35) City:                        |        |           |      | 36) State:           | 37) Zip Code: |                 |
| INDIANAPOLIS                     |        |           |      | IN                   | 46250         |                 |
| 38) Telephone Number:            |        |           | 39   | ) FAX:               |               |                 |
| (317)813-4865                    |        |           |      | (317)813-4870        |               |                 |
| 40) E-Mail Address:              |        |           |      |                      |               |                 |
| linda@alcds.com                  |        |           |      |                      | FCC           | 601 – Main Forn |

| Rea | ulator | y Status |
|-----|--------|----------|
|     |        |          |

| itegalater) etalae                                                                                                             |                               |                                                                          |                                     |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|-------------------------------------|--|--|--|--|--|--|--|
| 41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): |                               |                                                                          |                                     |  |  |  |  |  |  |  |
| () <u>C</u> ommon Carrier                                                                                                      | () <u>N</u> on-Common Carrier | (X) <u>P</u> rivate, internal communications () <u>B</u> roadcast Servic | es ( ) <u>B</u> and <u>M</u> anager |  |  |  |  |  |  |  |
| Type of Radio Service                                                                                                          |                               |                                                                          |                                     |  |  |  |  |  |  |  |

| 42) | 42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply): |                             |   |                         |   |                             |   |                              |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------|-----------------------------|---|-------------------------|---|-----------------------------|---|------------------------------|--|--|
| (   | ) <u>F</u> ixed                                                                                                 | ( <b>X</b> ) <u>M</u> obile | ( | ) <u>R</u> adiolocation | ( | ) <u>S</u> atellite (sound) | ( | ) <u>B</u> roadcast Services |  |  |
| 43) | 43) Does the Applicant propose to provide service interconnected to the public telephone network? (N) Yes No    |                             |   |                         |   |                             |   |                              |  |  |

## Alien Ownership Questions (If any answer is 'Y', provide an attachment explaining the circumstances)

| 44) Is the Applicant a foreign government or the representative of any foreign government?                                                                                                                                                                                                                                   | ( <b>N</b> | ) <u>Y</u> es | <u>N</u> o |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|------------|
| 45) Is the Applicant an alien or the representative of an alien?                                                                                                                                                                                                                                                             | ( <b>N</b> | ) <u>Y</u> es | <u>N</u> o |
| 46) Is the Applicant a corporation organized under the laws of any foreign government?                                                                                                                                                                                                                                       | ( <b>N</b> | ) <u>Y</u> es | <u>N</u> o |
| 47) 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<br>representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a<br>foreign country?                                          | ( <b>N</b> | ) <u>Y</u> es | <u>N</u> o |
| 48a) 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? | ( <b>N</b> | ) <u>Y</u> es | <u>N</u> o |
| 48b) If the answer to 48a is 'Y', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications<br>Act with respect to the same radio service involved in this application?                                                                                                                           | (          | ) <u>Y</u> es | <u>N</u> o |
| If the answer to 48b is 'Y', include in the exhibit required by Item 48a the citation(s) of the applicable declaratory ruling(s) by E the FCC Record citation, if available, release date, and any other identifying information.                                                                                            | )A/FCC     | C numb        | er of      |

If the answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the exhibit required by Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).

## **Basic Qualification Questions**

| 49) Has the Applicant or any party to this application had any FCC station authorization, license or construction                    | ( N | ) <u>Y</u> es | <u>N</u> o |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|------------|
| permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction |     |               |            |
| permit denied by the Commission?                                                                                                     |     |               |            |
| 50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant,               | ( N | ) <u>Y</u> es | <u>N</u> o |
| ever been convicted of a felony by any state or federal court?                                                                       |     |               | _          |
| 51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully  | ( N | ) <u>Y</u> es | <u>N</u> o |
| 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?          |     |               |            |
|                                                                                                                                      |     |               |            |
| If the answer to any of 40 51 is 'V' attach an ayhibit avalaining the aircumstances                                                  |     |               |            |

If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.

## Aeronautical Advisory Station (Unicom) Certification

52) ( ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

## Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

| 53a) Will the requested facilities be used to provide multichannel video programming service?                                                                                                                                                                                                                | (        | ) <u>Y</u> es | <u>N</u> o |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|------------|
| 53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest<br>(as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise<br>area is located within the geographic service area of the requested facilities? | (        | ) <u>Y</u> es | <u>N</u> o |
| Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Coc<br>Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.                                   | mmiss    | sion's        |            |
| Broadband Radio Service and Educational Broadband Service (Part 27)                                                                                                                                                                                                                                          |          |               |            |
| 54) (For EBS only) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?                                                                                                                                                                       | (        | ) <u>Y</u> es | <u>N</u> o |
| Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 27.1203 of the Commission gustifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.                                             | sion's l | Rules         | or         |

55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules?

| Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). | If a waiver of the Commission Rule(s) is being requested, |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Item 11a must be answered 'Y'.                                                                |                                                           |

)Yes No

#### **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 or attribution rules.*<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 this application, and are true, complete, correct, and made in good faith                                                                                                                                                                                                                                                                                                                                                                      |          | chibits, attachments, or documents incorporated by reference are i    | naterial, are part of |  |  |  |  |
| 4)                   | The applicant certifies that neither the applicant nor any other party to<br>Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for posse<br>filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.<br>application" as used in this certification.                                                                                                                                                                                                                                              | ssion or | distribution of a controlled substance. This certification does not a | pply to applications  |  |  |  |  |
| 5)                   | The applicant certifies that it either (1) has current required ownership application, or (3) is not required to file ownership data under the Comm                                                                                                                                                                                                                                                                                                                                                                     |          |                                                                       | Itaneously with this  |  |  |  |  |
| 6)                   | 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission. |          |                                                                       |                       |  |  |  |  |
| 7)                   | The applicant certifies that it has reviewed the appropriate Commission license(s).                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                                       | •                     |  |  |  |  |
| 8)                   | 8) The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.                                                                                                                                                                                                                                                                                                                                               |          |                                                                       |                       |  |  |  |  |
| <b>Sign</b><br>56) T | ature<br>yped or Printed Name of Party Authorized to Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                       |                       |  |  |  |  |
| Firs                 | t Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MI:      | Last Name:                                                            | Suffix:               |  |  |  |  |
| DE                   | INNIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | J        | PLETCHER                                                              |                       |  |  |  |  |

57) Title:

**HWY SUPT** Signature:

DENNIS J PLETCHER

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements

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

58) Date:

01/04/2011

FCC 601 – Main Form September 2007 - Page 4

## Wireless Telecommunications Bureau and/or Public Safety and Homeland Security Bureau Schedule for Station Locations and Antenna Structures See 601 Main Form Instructions

| 1) Action Requested: ( <b>M</b> )                                                                            | <u>A</u> dd <u>N</u>                                                                                                               | lod <u>D</u> el                                                                                                                 | 2) Location Number:                           | 2                                                                                                                            |  |  |  |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 3) Location Description:                                                                                     | 4                                                                                                                                  | ) Area of Operation                                                                                                             | Code:                                         | 5) Location Name:                                                                                                            |  |  |  |
| Fixed                                                                                                        |                                                                                                                                    |                                                                                                                                 |                                               |                                                                                                                              |  |  |  |
| 6) FCC Antenna Structure Registrati                                                                          | on # or N//                                                                                                                        | A (FAA Notification                                                                                                             | not Required):<br>N/A                         |                                                                                                                              |  |  |  |
| 7) Latitude (DD-MM-SS.S):<br>41-14-00.2                                                                      |                                                                                                                                    | NAD83<br>( N) <u>N</u> or <u>S</u>                                                                                              | 8) Longitude (DDD-N<br>085-47-30.0            | IM-SS.S): NAD83<br>(W) <u>E</u> or <u>W</u>                                                                                  |  |  |  |
| 9) Street Address, Name of Landing<br>OLD US 30 & CR 300 E 1.5 MI E                                          |                                                                                                                                    | Other Location Desc                                                                                                             | ription:                                      |                                                                                                                              |  |  |  |
| 10) City:<br>WARSAW                                                                                          | 1                                                                                                                                  | 1) State:<br>IN                                                                                                                 |                                               | 12) County/Borough/Parish:<br>KOSCIUSKO                                                                                      |  |  |  |
| 13) Elevation of Site AMSL (meters)<br>('a' in antenna structure example<br>260.0                            |                                                                                                                                    | <ul> <li>14) Overall Ht AGL Without<br/>Appurtenances (meters)<br/>('b' in antenna structure example):</li> <li>46.0</li> </ul> |                                               | <ul> <li>15) Overall Ht AGL With<br/>Appurtenances (meters)<br/>('c' in antenna structure example):</li> <li>46.0</li> </ul> |  |  |  |
| 16) Support Structure Type: TOWE                                                                             | R                                                                                                                                  |                                                                                                                                 |                                               |                                                                                                                              |  |  |  |
| 17) Location Number: 18<br>(only for Area of<br>Operation Code 'A')                                          | 3) Radius (1                                                                                                                       | km):                                                                                                                            | 19) Airport Identifier:                       | 20) Site Status:                                                                                                             |  |  |  |
| 21) Maximum Latitude (DD-MM-SS.)<br>Use for rectangle only (Northwest corr<br>                               |                                                                                                                                    | NAD83<br>( ) <u>N</u> or <u>S</u>                                                                                               | 22) Maximum Longitu<br>Use for rectangle only | ude (DDD-MM-SS.S): NAD83<br>(Northwest corner) () <u>E</u> or <u>W</u>                                                       |  |  |  |
| 23) Do you propose to operate in an                                                                          | area that                                                                                                                          | requires frequency of                                                                                                           | coordination with Cana                        | da? ( ) <u>Y</u> es <u>N</u> o                                                                                               |  |  |  |
| 24) Description: (only for Area of Operation Code 'O')                                                       |                                                                                                                                    |                                                                                                                                 |                                               |                                                                                                                              |  |  |  |
| 25) Number of Units:Han                                                                                      | d Held _                                                                                                                           | Mobile                                                                                                                          | Temporary Fixed                               | AircraftItinerant                                                                                                            |  |  |  |
| 26) Would a Commission grant of Au<br>environmental effect? See Section<br>If 'Yes', submit an environmental | on 1.1307 (                                                                                                                        | of 47 CFR.                                                                                                                      |                                               |                                                                                                                              |  |  |  |
| 27a) If the site is located in one of th<br>proper Quiet Zone entity was no                                  |                                                                                                                                    | ones listed in Item 27                                                                                                          | 7b of the Instructions, p                     | provide the date (mm/dd/yyyy) that the                                                                                       |  |  |  |
| 27b) Has the Applicant obtained pric<br>specified in this application?                                       | 27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are |                                                                                                                                 |                                               |                                                                                                                              |  |  |  |
| 28) Do you propose to operate in an                                                                          | area that                                                                                                                          | requires frequency of                                                                                                           | coordination with Mexic                       | co? ( ) <u>Y</u> es <u>N</u> o                                                                                               |  |  |  |

## Wireless Telecommunications Bureau and/or Public Safety and Homeland Security Bureau Schedule for Station Locations and Antenna Structures See 601 Main Form Instructions

| 1) Action Requested: ( <b>M</b> ) <u>A</u> d                                                                      | ld <u>M</u> od <u>D</u> el                               | 2) Location Number:                              | 3                                                                                        |  |  |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|--|--|
| 3) Location Description:                                                                                          | 4) Area of Operation                                     | Code:                                            | 5) Location Name:                                                                        |  |  |
| Mobile                                                                                                            | С                                                        |                                                  |                                                                                          |  |  |
| 6) FCC Antenna Structure Registration                                                                             | # or N/A (FAA Notification                               | not Required):<br><b>N/A</b>                     |                                                                                          |  |  |
| 7) Latitude (DD-MM-SS.S):                                                                                         | NAD83<br>( ) <u>N</u> or <u>S</u>                        | 8) Longitude (DDD-N<br>                          | /IM-SS.S): NAD83<br>( ) <u>E</u> or <u>W</u>                                             |  |  |
| 9) Street Address, Name of Landing Ar                                                                             | rea, or Other Location Desc                              | cription:                                        |                                                                                          |  |  |
| 10) City:                                                                                                         | 11) State:                                               |                                                  | 12) County/Borough/Parish:                                                               |  |  |
|                                                                                                                   | IN                                                       |                                                  | KOSCIUSKO                                                                                |  |  |
| 13) Elevation of Site AMSL (meters)<br>('a' in antenna structure example):                                        | 14) Overall Ht AGL<br>Appurtenances<br>('b' in antenna s |                                                  | 15) Overall Ht AGL With<br>Appurtenances (meters)<br>('c' in antenna structure example): |  |  |
| 16) Support Structure Type:                                                                                       | _                                                        |                                                  |                                                                                          |  |  |
| 17) Location Number: 18) F<br>(only for Area of<br>Operation Code 'A')                                            | Radius (km):                                             | 19) Airport Identifier:                          | 20) Site Status:                                                                         |  |  |
| 21) Maximum Latitude (DD-MM-SS.S):<br>Use for rectangle only (Northwest corner<br>                                |                                                          | 22) Maximum Longit<br>Use for rectangle only<br> | ude (DDD-MM-SS.S): NAD83<br>(Northwest corner) () <u>E</u> or <u>W</u>                   |  |  |
| 23) Do you propose to operate in an ar                                                                            | ea that requires frequency                               | coordination with Cana                           | ada? (N) <u>Y</u> es <u>N</u> o                                                          |  |  |
| 24) Description: (only for Area of Opera                                                                          | ation Code 'O')                                          |                                                  |                                                                                          |  |  |
| 25) Number of Units:Hand H                                                                                        | HeldMobile                                               | Temporary Fixed                                  | AircraftItinerant                                                                        |  |  |
| 26) Would a Commission grant of Auth<br>environmental effect? See Section<br>If 'Yes', submit an environmental as | 1.1307 of 47 CFR.                                        |                                                  |                                                                                          |  |  |
| 27a) If the site is located in one of the 0 proper Quiet Zone entity was notif                                    |                                                          | 27b of the Instructions, p                       | provide the date (mm/dd/yyyy) that the                                                   |  |  |
| 27b) Has the Applicant obtained prior v specified in this application?                                            | vritten consent from the pro                             | oper Quiet Zone entity f                         | or the same technical parameters that are<br>( ) <u>Y</u> es <u>N</u> o                  |  |  |
| 28) Do you propose to operate in an ar                                                                            | ea that requires frequency                               | coordination with Mexic                          | co? ( ) <u>Y</u> es <u>N</u> o                                                           |  |  |

-----

### Technical Data Schedule for the Private Land Mobile and Land Mobile Broadcast Auxiliary Radio Services (Parts 90 and 74)

| Eligibility                                                 |                                          |                  |                      |  |  |  |  |  |
|-------------------------------------------------------------|------------------------------------------|------------------|----------------------|--|--|--|--|--|
| 1) Rule Section:                                            | 2) Describe Activity:                    |                  |                      |  |  |  |  |  |
| 90.20a                                                      | APPLICANT IS A GOVERNMENTAL ENTITY E     |                  |                      |  |  |  |  |  |
| Frequency Coordinator Information (if not self-coordinated) |                                          |                  |                      |  |  |  |  |  |
| 3)                                                          | 4)                                       | 5)               | 6)                   |  |  |  |  |  |
| Frequency Coordination<br>Number                            | Name of Frequency Coordinator            | Telephone Number | Coordination<br>Date |  |  |  |  |  |
| 101222002693                                                | American Association of State Highway an | (888)601-3676    | 42/22/2040           |  |  |  |  |  |
| 7) Has this application been suc                            |                                          |                  | 1,2/22/2010          |  |  |  |  |  |
|                                                             | V                                        |                  |                      |  |  |  |  |  |

## Extended Implementation (Slow Growth)

| 8) Are you requesting a new or m | nodified extende   | d implementation plan?                      | ( | ) <u>Y</u> es/ <u>N</u> o |
|----------------------------------|--------------------|---------------------------------------------|---|---------------------------|
| If 'Yes', attach an exhibit with | a justification ar | d a proposed station construction schedule. | N |                           |

### Associated Call Signs (Attach additional sheets if required)

| 9) |  |  |
|----|--|--|
|    |  |  |
|    |  |  |
|    |  |  |
|    |  |  |

### Broadcast Auxiliary Only

| Dreadadt / taxinary enry                                              |                                       |                                         |                                                              |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------------------|--------------------------------------------------------------|
| If there is an associated<br>Parent Station, complete<br>Items 10-12. | 10) Facility Id of Parent<br>Station: | 11) Radio Service of<br>Parent Station: | 12) City and State of Parent Station Principal<br>Community: |
| 13) If there is no associated pa                                      | arent station, this Applicant is a: ( | )                                       | 14) State of Primary Operation:                              |
| Cable Network Entity                                                  | Broadcast Network Entity Telev        | vision <u>C</u> able Operator           |                                                              |
| Motion Picture Producer                                               | Television Producer                   |                                         |                                                              |

## Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

| 15)    | 16)           | 17)                                                        | 18)           |
|--------|---------------|------------------------------------------------------------|---------------|
| Action | Control Point | Location                                                   | Telephone     |
| A/M/D  | Number        | Street Address, City or Town, County/Borough/Parish, State | Number        |
| М      | 1             | 2936 E OLD HWY 30<br>WARSAW, KOSCIUSKO, IN                 | (574)372-2356 |

## Antenna Information

| / unconnia n | normation |         |          |             |           |           |              |           |
|--------------|-----------|---------|----------|-------------|-----------|-----------|--------------|-----------|
| 19)          | 20)       | 21)     | 22)      | 23)         | 24)       | 25)       | 26)          | 27)       |
| Action       | Location  | Antenna | AAT      | Antenna Ht. | Azimuth   | Beamwidth | Polarization | Gain (dB) |
| ( )          | Number    | Number  | (meters) | (meters)    | (degrees) | (degrees) |              |           |
| A/M/D        |           |         |          |             |           |           |              |           |
|              |           |         |          |             |           |           |              |           |
| M            | 2         | 1       | 44.5     | 46.0        |           |           |              |           |
|              |           |         |          |             |           |           |              |           |
|              |           |         |          |             |           |           |              |           |
|              |           |         |          |             |           |           |              |           |
|              |           |         |          |             |           |           |              |           |
|              |           |         |          |             |           |           |              |           |

## **Frequency Information**

| 28)<br>Action<br>( )<br>A/M/D | 29)<br>Location<br>Number | 30)<br>Antenna<br>Number | 31)<br>Frequency (MHz)               |     | 32)<br>Station<br>Class | 33)<br>No. of<br>Units | 34)<br>No. of<br>Paging<br>Receivers | 35)<br>Output<br>Power<br>(watts) | 36)<br>ERP (watts) | 37)<br>Emission<br>Designators                                          |
|-------------------------------|---------------------------|--------------------------|--------------------------------------|-----|-------------------------|------------------------|--------------------------------------|-----------------------------------|--------------------|-------------------------------------------------------------------------|
| М                             | 1                         | 1                        | Existing (if Mod)<br>000156.07500000 | New | FX1T                    | 4                      |                                      | 25.000                            | 25.000             | 20K0F3E,<br>11K2F3E<br>(A),<br>7K60FXE<br>(A),<br>7K60FXD<br>(A)        |
| Μ                             | 2                         | 1                        | Existing (if Mod)<br>000159.19500000 | New | FB2                     | 1                      |                                      | 100.000                           | 100.000            | 20K0F3E,<br>11K2F3E<br>(A),<br>7K60FXE<br>(A),<br>7K60FXD<br>(A)        |
| Μ                             | 3                         | 1                        | Existing (if Mod)<br>000156.07500000 | New | МО                      | 55                     |                                      | 110.000                           | 110.000            | 20K0F3E,<br>11K2F3E<br>(A),<br>7K60FXE<br>(A),<br>7K60FXD<br>(A)        |
| A                             | 3                         | 1                        | Existing (if Mod)<br>000159.19500000 | New | MO                      | 55                     |                                      | 110.000                           | 110.000            | 20K0F3E<br>(A),<br>11K2F3E<br>(A),<br>7K60FXE<br>(A),<br>7K60FXD<br>(A) |

FCC 601 – Schedule H October 2010 – Page 3