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

Submitted: 12/11/2014 at 10:15:37

File Number: 0006577793

### FCC 601 Main Form

# 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:		1a) Existing Radio Serv	ice Code:		public bulde	on command
•,	PW		ray Existing readio Corv				
	r w						
Gen	eral Information						
2)	MD - Modification RM	O - Renewal Only I - Renewal/Modifica - Cancellation of Lic	AU - Administrativ tion WD - Withdrawal dense DU - Duplicate Lice	of Application	NT - Required Not EX - Requests for RL – Registered L	Extension of Time	
3a)	If this application is for Authorization (STA), enter the enter 'N' (Not Applicable).					( N ) <u>D M</u> <u>S</u>	<b>N</b> /A
3b)	If this application is for Spec Refer to Rule 1.915 for an ex				therwise enter 'N'.	( ) <u>Y</u> es <u>N</u> o	0
4)	If this application is for an A on file with the FCC.	File Number					
5)	If this application is for a M License, or Administrative U If this is a request for Register	Call Sign WPPX440					
6)	If this application is for a authorization expiration date			ewal/Modification, en	ter the requested	MM DD	_
7)	Is this application "major" a applicable radio service rule applies to certain site-specifi	es found in Parts 22	and 90 of the Commission	on's Rules? (NOTE:	This question only	( ) <u>Y</u> es <u>N</u>	O
8)	Are attachments (other than	associated schedule	s) being filed with this ap	olication?		( N ) <u>Y</u> es <u>N</u>	0
Fees	, Waivers, and Exemptions						
	s the Applicant exempt from F	FCC application fees	?			(γ) <u>Y</u> es <u>N</u>	0
10)	Is the Applicant exempt from	FCC regulatory fees	?			( <b>γ</b> ) <u><b>Y</b></u> es <u><b>N</b></u>	0
11a	Does this application include     If 'Yes', attach an exhibit pro					( N ) <u>Y</u> es <u>N</u>	0
11b	) If 11a is 'Y', enter the numb	ber of rule sections in	nvolved.			Number of Rule Section(s):	
12)	Are the frequencies or param approved by waiver, or function			dfathered privileges, p	oreviously	( <u>)Y</u> es <u>N</u>	0
						<u> </u>	

Applicant Information										
13) FCC Registration Number (FRN): <b>0012352282</b>										
14) Applicant/Licensee Legal Entity Type: (Select O  ( ) Individual ( )Unincorporated Association		Γrust	( <b>x</b>	)Government	Entity ( )C	orpora	tion ( )	Limited Lia	bility Compan	
		٠.				, 0				
( ) General Partnership ( ) Limited Partne	rship (	) L	imited	Liability Partne	ersnip (	) Cons	sortium			
( ) Other:	odata a roc	ult from	m tho c	rala (or transfe	r of control) of t	ho licor	200(0)		<u>Y</u> es <u>N</u> o	
to another party and for which proper Commi provided?								( )	<u>1</u> es <u>14</u> 0	
16) First Name (if individual):		MI:	Last N	Name:			•	Suffix:		
17) Legal Entity Name (if other than individual):										
IZARD, COUNTY OF										
18) Attention To:										
Sonia Blankenship										
19) P.O. Box:	And/O	r 20)	Street	Address:						
327		ĺ	80 E I	MAIN						
21) City:			00 L 1	VIAII4	22) State:		23) Zip C	ode.		
					,		, ,			
MELBOURNE				T	AR		72556			
24) Telephone Number:				25) FAX:						
(870)368-4113				(870)36	8-4153					
26) E-Mail Address:										
OEMDIRECTOR@IZARDCOUNTYAR.OR	G									
7) Demographics (Optional):										
Race:	Ethni			Gender			der:			
( )American Indian or Alaska Native							)Male			
( )Asian	(	)Not Hi	ispanic	nic or Latino ( )Fem			)Female	nale		
( )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 di Applicant):	fferent from	า		29) FCC Reg	istration Numbe	r (FRN	) of Real P	arty in Inte	rest:	
Contact Information (If different from the Applicant)										
) Check here if same as Applicant.										
30) First Name:		MI:	L	ast Name:					Suffix:	
Sonia		Α	E	Blankenship						
31) Company Name:			<u> </u>			7				
OFFICE OF EMERGENCY MANAGEMEN	Т									
32) Attention To:	-									
Sonia Blankenship										
33) P.O. Box:	And	34) 9	Street A	Address:						
327	/Or		BO E M							
35) City:				36) State	7.		37)	Zip Code:		
MELBOURNE				AR	· -		,	2556		
38) Telephone Number:				39) FAX:			<u>'</u>	2330		
, ,				,	0.4450					
(870)368-4113 40) E-Mail Address:				(870)36	5-4153					
oemdirector@izardcountyar.org										
Regulatory Status 41) This filing is for authorization to provide or use the	ne following	tvne/	s) of ra	dio service off	ering (enter all th	nat ann	olv):			
,			•		• ,		• •	, .	D	
( ) <u>C</u> ommon Carrier ( ) <u>N</u> on-Common Carrie	er ()	Private	e, interi	nal communica	ations ( <u>)</u> Bı	oadca:	st Services	(	Band Manage	

12)	) <u>F</u> ixed	(	) <u>M</u> obile	(	)Radiolocation	( hlis talani	) <u>S</u> atellite (sound)	(	) <u>B</u> roadca	ast Se		No
13)	Does the Applic	ant propos	e to provide se	ervice inte	rconnected to the pu	blic telepi	ione network?			(	) <u>Y</u> es	<u>N</u> O
e N	lain Form Insti	uctions fo	r the "Alien O	wnership	Questions".)		ing the circumstances.	In prepa	ring the at	tachm	nent, re	er to
4)	Is the Applicant	a foreign g	government or t	the repres	entative of any foreig	gn govern	ment?			(	) <u>Y</u> es	<u>N</u> o
5)	Is the Applicant	an alien o	the representa	ative of an	alien?					(	) <u><b>Y</b></u> es	<u>N</u> o
6)	Is the Applicant	a corporat	ion organized u	under the	laws of any foreign g	overnme	nt?			(	) <u>Y</u> es	<u>N</u> o
							owned of record or voted y corporation organized u			( oreign	) <u>Y</u> es country	
S 0		or voted by	aliens or their	represent	atives, or by a foreig		n more than one-fourth of ment or representative th			(	) <u>Y</u> es	<u>N</u> o
48	b) If the answer	to 47 or 48	Ba is 'Y' select o	one of the	choices below.							
	The Applica	nt is exemp	ot from the prov	visions of	Section 310(b).							
					ory ruling if the Applie e provisions of Section		des in the attachment red	quired by	Item 47 or	Item 4	!8a a sh	owing
							ownership, and the applic coverage area for wh					
	number, the	FCC Rec		available,			e citation(s) of the appl t that there has been no					
	immediately the Commis	above; or sion's Rule	(ii) is an "affilia s, 47 C.F.R. §	ate" of a L 1.990(a)	icensee or Lessee/S	SubLesse e affiliate	n ownership, but is not e that received a declara s ruling for purposes of	atory rulin	g(s) under	Section	n 1.990	(a) o
	Item 48a th	e citation(s	) of the Applica	ant's decla	aratory ruling(s) by D	A/FCC no	August 9, 2013, include in Sumber, the FCC Record of Its ruling and with the Co	citation, it	f available,			
	copy of a posame radio declaratory	etition for a service(s) ruling purs	leclaratory rulin ) and geograp uant to Section	ng filed co hic cover n 1.990(a)	ntemporaneously wir rage area(s) involve of the Commission's	th the Col ed in the s Rules, 4	rgust 9, 2013, include in mmission to extend the A application. Alternative 17 C.F.R. § 1.990(a). Per IBFS) (with a copy attact	Applicant's ely, the A titions for	s existing ro Applicant n declaratory	uling(s nay re	to cov quest a	er the nev
	Item 47 or date, and a Commission	ltem 48a th a statemer n's Rules.	ne citation(s) of that the App The Applicant	f the appli plicant is must also	icable declaratory ru in compliance with include a certification	ing(s) by the term on of com	s of filing this application DA/FCC number, the Fos and conditions of the pliance signed by the na form Instructions for Items	CC Reco e named amed affil	rd citation, affiliate's l liate or othe	if avai ruling er qual	lable, re	elease th the
							ownership and is request ontemporaneously with t			uling u	ınder S	ectior
	Commission	n pursuant	to Section 1.9	90(a) of a	the Commission's R	ules, 47	ne petition for declaratory C.F.R. § 1.990(a). Petit IBFS) (with a copy attach	tions for d	declaratory			

Basic Qualification Questions			
49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(	) <u>Y</u> es	<u>N</u> o
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	(	) <u>Y</u> es	<u>N</u> o
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully	(	) <u>Y</u> es	<u>N</u> o

51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully 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 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? ( ) $\underline{\mathbf{Y}}$ es  $\underline{\mathbf{N}}$ o

53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?

**Note:** If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Commission's 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'.

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 ( )<u>Y</u>es <u>N</u>o of the Commission's Rules?

**Note:** If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 27.1203 of the Commission's 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'.

55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? ( ) $\underline{\mathbf{Y}}$ es  $\underline{\mathbf{N}}$ o

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'.

#### **General Certification Statements**

- 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.\*

  \*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 in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 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 Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 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.
- 9) The Applicant certifies that the applicant and all of the related individuals and entities required to be disclosed on this application and FCC Form 602 (FCC Ownership Disclosure Information for the Wireless Telecommunications Services) are not person(s) who have been, for reasons of national security, barried by any agency of the Federal Government from bidding on a contract, participating in an auction, or receiving a grant. This certification applies only to applications for licenses for spectrum that is required by Sections 6103, 6401-6403 of the Middle Class Tax Relief and Job Creation Act of 2012, codified at 47 U.S.C. §§ 309, 1413, 1451-1452, to be assigned by a system of competitive bidding under 47 U.S.C. § 309(j).

)Yes No

#### Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:						
Sonia	Α	Blankenship							
57) Title: OEM Director									
Signature: 58) Date:									
Sonia A Blankenship	12/11/20	014							
		•							

#### 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 that apply to the type of license requested in this application.

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).

FCC 601 Schedule H

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

Approved by OMB 3060 - 0798 See 601 Main Form instructions for public burden estimate

Eligibility								
1) Rule Section 9020	n:	2) Describe Activity:  MANAGEMENT AN	ND MAINTENANCE OF CO	UNTY ROAD SYS	TEM			
Frequency (	Coordinator Infor	rmation (if not self-coording	nated)					
3 Frequency C Num	Ooordination		4) uency Coordinator	Telepho	5) Telephone Number			
7) Has this app	Dication been succe	ssfully coordinated?				( ) <u>Y</u> es/ <u>N</u> o		
	plementation (S	low Growth)  dified extended implementati	ion plan?			( ) <u>Y</u> es/ <u>N</u> o		
			station construction schedule.			( ) <u>T</u> es/ <u>N</u> o		
Associated C	all Signs (Attach	additional sheets if requ	uired)					
9)		additional sheets if requ	unedy					
3)								
Broadcast Au	ixiliary Only							
If there is an a		10) Facility Id of Parent			ate of Parent	Station Principal		
Parent Station Items 10-12.	n, complete	Station:	Parent Station:	Community:				
1161115 10-12.								
13) If there is no	associated parent s	station, this Applicant is a: (	)	1	4) State of Prim	nary Operation:		
C <u>a</u> ble Netwo	rk Entity <u>B</u> roa	adcast Network Entity Tele	vision <u>C</u> able Operator					
Motion Pictur	e Producer <u>T</u> elev	vision Producer						
Control Point	(s) (Other than a	t the transmitter) (Attac	ch additional sheets if requ	uired)				
15)	16)		17)	,		18) Felephone		
Action A/M/D	Control Point Number	Street Address, 0	Location Street Address, City or Town, County/Borough/Parish, State					

Antenna Information

Antennan	Antenna information												
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)		` '					
À/M/Ď			, ,	, ,	, ,	, , ,							
	Y .												

# **Frequency Information**

28) Action ( ) A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)	32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
			Existing (if Mod) New						