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Submitted: 12/17/2010 at 17:12:21
File Number: 0004538106

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: **PW**	1a) Existing Radio Service Code:

General Information

2) (Select only one) **(MD)** **NE** - New, **RO** - Renewal Only, **AU** - Administrative Update, **NT** - Required Notifications **MD** - Modification, **RM** - Renewal/Modification, **WD** - Withdrawal of Application, **EX** - Requests for Extension of Time **AM** - Amendment, **CA** - Cancellation of License, **DU** - Duplicate License, **RL** – Registered Location/Link	
3a) If this application is for a **D**evelopmental License, De**m**onstration License, or a **S**pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter '**N**' (Not Applicable).	(**N**)**D M S N**/A
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	( )**Y**es **N**o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign **KAC955**
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD _____/_____
7) Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with the 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).	(**Y**)**Y**es **N**o
8) Are attachments (other than associated schedules) being filed with this application?	(**N**)**Y**es **N**o

Fees, Waivers, and Exemptions

9) Is the Applicant exempt from FCC application fees?	(**Y**)**Y**es **N**o
10) Is the Applicant exempt from FCC regulatory fees?	(**Y**)**Y**es **N**o
11a) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(**N**)**Y**es **N**o
11b) If 11a is 'Y', enter the number of rule sections involved.	Number of 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?	(**N**)**Y**es **N**o

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Applicant Information

13) FCC Registration Number (FRN):
0002564128

14) Applicant/Licensee Legal Entity Type: (Select One)
( ) Individual ( )Unincorporated Association ( )Trust (**X**)Government Entity ( )Corporation ( )Limited Liability Company

( ) General Partnership ( ) Limited Partnership ( ) Limited Liability Partnership ( ) Consortium

( ) Other: _____

15) If the Licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided? ( )**Y**es **N**o

16) First Name (if individual):	MI:	Last Name:	Suffix:

17) Legal Entity Name (if other than individual):
HARRISON, COUNTY OF

18) Attention To:
EMERGENCY MANAGEMENT

19) P.O. Box:	**And/Or**	20) Street Address**:**
		111 S 1ST AVE

21) City:	22) State:	23) Zip Code:
LOGAN	**IA**	**51546**

24) Telephone Number:	25) FAX:
(712)644-2353	**(712)644-3654**

26) E-Mail Address:
hcema@harrisoncountyia.org

27) **Demographics (Optional)**:

Race:	**Ethnicity:**	**Gender:**
( )American Indian or Alaska Native	( )Hispanic or Latino	( )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 Applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:

Contact Information (If different from the Applicant)
(____) Check here if same as Applicant.

30) First Name:	MI:	Last Name:	Suffix:
Todd	**D**	**Baber**	

31) Company Name:
Harrison County Emergency Management

32) Attention To:

33) P.O. Box:	**And /Or**	34) Street Address**:**
		111 S. 1st Ave

35) City:	36) State:	37) Zip Code:
Logan	**IA**	**51546**

38) Telephone Number**:**	39) FAX:
(712)644-2353	**(712)644-3654**

40) E-Mail Address:
hcema@harrisoncountyia.org

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Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

( )**C**ommon Carrier ( )**N**on-Common Carrier (**X**)**P**rivate, internal communications ( )**B**roadcast Services ( )**B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply):

( )**F**ixed (**X**)**M**obile ( )**R**adiolocation ( )**S**atellite (sound) ( )**B**roadcast Services

43) Does the Applicant propose to provide service interconnected to the public telephone network? (**N**)**Y**es **N**o

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? (**N**)**Y**es **N**o

45) Is the Applicant an alien or the representative of an alien? ( )**Y**es **N**o

46) Is the Applicant a corporation organized under the laws of any foreign government? ( )**Y**es **N**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 representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? ( )**Y**es **N**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? ( )**Y**es **N**o

48b) If the answer to 48a is 'Y', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? ( )**Y**es **N**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 DA/FCC number of the FCC Record citation, if available, release date, and any other identifying information.

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 permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? (**N**)**Y**es **N**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? (**N**)**Y**es **N**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? (**N**)**Y**es **N**o

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? ( )**Y**es **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? ( )**Y**es **N**o

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 of the Commission's Rules? ( )**Y**es **N**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'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? ( )**Y**es **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'.

Reference Copy

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.* *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.
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 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.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
TODD	**D**	**BABER**	

57) Title:
HARRISON COUNTY EMA

Signature:	58) Date:
TODD D BABER	**12/17/2010**

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).

Reference Copy

FCC 601
Schedule D

Wireless Telecommunications Bureau and/or Public Safety and Homeland Security Bureau Schedule for Station Locations and Antenna Structures

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

Reference Copy

1) Action Requested: ( ) **A**dd **M**od **D**el		2) Location Number**:**	
3) Location Description**:**	4) Area of Operation Code**:**	5) Location Name**:**	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): **N/A**			
7) Latitude (DD-MM-SS.S): **NAD83** ( ) N or S		8) Longitude (DDD-MM-SS.S)**:** **NAD83** ( ) E or W	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State**:**	12) County/Borough/Parish:	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example)**:**	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example)**:**	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example)**:**	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): **NAD83** **Use for rectangle only (Northwest corner)** ( ) N or S		22) Maximum Longitude (DDD-MM-SS.S)**:** **NAD83** **Use for rectangle only (Northwest corner)** ( ) E or W	
23) Do you propose to operate in an area that requires frequency coordination with Canada? ( ) **Y**es **N**o			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ____Hand Held ____Mobile ____Temporary Fixed ___Aircraft ___Itinerant			
26) 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. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. ( ) **Y**es **N**o			
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ____/____/____ 27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? ( ) **Y**es **N**o			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? ( ) **Y**es **N**o			

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

Reference Copy

Eligibility

1) Rule Section:	2) Describe Activity:
90.20	**GOVERNMENTAL ENTITY PROVIDING COMMUNICATIONS FOR PUBLIC SAFETY.**

Frequency Coordinator Information (if not self-coordinated)

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
34PWAP300221609	**Associated Public Safety Com Officrs Inc**	**(386)322-2500**	**12/16/2010**
7) Has this application been successfully coordinated?			(**Y**)Yes/No

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	(**N**)Yes/No

Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:

13) If there is no associated parent station, this Applicant is a: ( ) Cable Network Entity Broadcast Network Entity Television Cable Operator Motion Picture Producer Television Producer	14) State of Primary Operation:

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

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number

Antenna Information

19) Action ( ) A/M/D	20) Location Number	21) Antenna Number	22) AAT (meters)	23) Antenna Ht. (meters)	24) Azimuth (degrees)	25) Beamwidth (degrees)	26) Polarization	27) Gain (dB)

Reference Copy

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
	1	**1**	Existing (if Mod) **000154.80000000**	New	**FX1**	**1**		**10.000**	**50.000**	**20K0F3E, 11K2F3E (A)**
	2	**1**	Existing (if Mod) **000154.83000000**	New	**FB**	**1**		**100.000**	**275.000**	**20K0F3E, 11K2F3E (A)**
	2	**1**	Existing (if Mod) **000155.31000000**	New	**FB**	**1**		**100.000**	**275.000**	**20K0F3E, 11K2F3E (A)**
	2	**1**	Existing (if Mod) **000155.37000000**	New	**FB**	**1**		**100.000**	**275.000**	**20K0F3E, 11K2F3E (A)**
	2	**1**	Existing (if Mod) **000155.47500000**	New	**FB**	**1**		**100.000**	**275.000**	**20K0F3E, 11K2F3E (A)**
M	**3**	**1**	Existing (if Mod) **000154.80000000**	New	**MO**	**15**		**100.000**	**100.000**	**20K0F3E, 11K2F3E (A)**
M	**3**	**1**	Existing (if Mod) **000154.83000000**	New	**MO**	**25**		**100.000**	**100.000**	**20K0F3E, 11K2F3E (A)**
M	**3**	**1**	Existing (if Mod) **000155.47500000**	New	**MO**	**25**		**100.000**	**100.000**	**20K0F3E, 11K2F3E (A)**

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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
M	**3**	**1**	Existing (if Mod) **000155.85000000**	New	**MO**	**10**		**100.000**	**100.000**	**20K0F3E, 11K2F3E (A)**
M	**3**	**1**	Existing (if Mod) **000155.91000000**	New	**MO**	**15**		**100.000**	**100.000**	**20K0F3E, 11K2F3E (A)**

Reference Copy