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

Submitted: 03/10/2015 at 10:40:58 File Number: 0006699856

# 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 Notifi                                                                                                                                                                                                                                        |                                     |
|     | MD - Modification         RM - Renewal/Modification         WD - Withdrawal of Application         EX - Requests for E                                                                                                                                                                                                                    |                                     |
|     | AM - Amendment CA - Cancellation of License DU - Duplicate License RL – Registered Lo                                                                                                                                                                                                                                                     | cation/Link                         |
| 3a) | If this application is for a <u>D</u> evelopmental License, De <u>m</u> onstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).                                                           | (N) <u>DMSN</u> /A                  |
| 3b) | If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'.<br>Refer to Rule 1.915 for an explanation of situations considered to be an emergency.                                                                                                                              | ( ) <u>Y</u> es <u>N</u> 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                                                                                                                                                                                                                         | Call Sign                           |
|     | License, or Administrative Update, enter the call sign of the existing FCC license.<br>If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.                                                                                                                                     | WQCR602                             |
| 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). | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| 8)  | Are attachments (other than associated schedules) being filed with this application?                                                                                                                                                                                                                                                      | (γ) <u>Y</u> es <u>N</u> o          |

### Fees, Waivers, and Exemptions

| 9) Is the Applicant exempt from FCC application fees?                                                                                                                                   | (                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 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)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? | (N) <u>Y</u> es <u>N</u> o          |

| Applicant Information                                                                               |               |           |                |                |              |                            |
|-----------------------------------------------------------------------------------------------------|---------------|-----------|----------------|----------------|--------------|----------------------------|
| 13) FCC Registration Number (FRN):                                                                  |               |           |                |                |              |                            |
| 0002918308                                                                                          |               |           |                |                |              |                            |
| 14) Applicant/Licensee Legal Entity Type: (Se<br>( ) Individual ( )Unincorporated Ass               |               | ust (X    | )Governmen     | t Entity ( )Cc | rporation () | Limited Liability Company  |
| ( ) General Partnership ( ) Limited                                                                 | Partnership ( | ) Limited | Liability Part | nership ( )    | Consortium   |                            |
| ( ) Other:                                                                                          |               |           |                |                |              |                            |
| 15) If the Licensee name is being updated, is<br>to another party and for which proper<br>provided? |               |           |                |                |              | ( ) <u>Y</u> es <u>N</u> o |
| 16) First Name (if individual):                                                                     | N             | II: Last  | Name:          |                |              | Suffix:                    |
| 17) Legal Entity Name (if other than individua<br>BOWLING GREEN FIRE, CITY OF                       | al):          | I         |                |                |              |                            |
| 18) Attention To:<br>Municipal Administrator                                                        |               |           |                |                |              |                            |
| 19) P.O. Box:                                                                                       | And/Or        | 20) Stree | t Address:     |                |              |                            |
|                                                                                                     |               | 304 N     | I Church St    | t              |              |                            |
| 21) City:                                                                                           |               |           |                | 22) State:     | 23) Zip C    | ode:                       |
| BOWLING GREEN                                                                                       |               |           |                | он             | 43402        |                            |
| 24) Telephone Number:                                                                               |               |           | 25) FAX:       | -              |              |                            |
| (419)354-6204                                                                                       |               |           |                |                |              |                            |
| 26) E-Mail Address:                                                                                 |               |           |                |                |              |                            |
|                                                                                                     |               |           |                |                |              |                            |
|                                                                                                     |               |           |                |                |              |                            |
| 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 | 29) FCC Registration Number (FRN) of Real Party in Interest: |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| Applicant):                                                        |                                                              |
|                                                                    |                                                              |

# Contact Information (If different from the Applicant)

| () Check here if same as Applicant.                    |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
|--------------------------------------------------------|-------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|--|
| 30) First Name:                                        |                   | MI:         | Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Suffix:                          |  |  |  |  |
| John                                                   |                   |             | Fawcett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |  |  |  |  |
| 31) Company Name:                                      |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| City of Bowling Green                                  |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| 32) Attention To:                                      |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
|                                                        |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| 33) P.O. Box:                                          | And               | 34) Stre    | eet Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |  |  |  |  |
|                                                        | /Or               | 304         | 304 N Church St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| 35) City:                                              | •                 | •           | 36) State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 37) Zip Code:                    |  |  |  |  |
| Bowling Green                                          |                   |             | ОН                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 43402                            |  |  |  |  |
| 38) Telephone Number:                                  |                   |             | 39) FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |  |  |  |  |
| (419)354-6204                                          |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| 40) E-Mail Address:                                    |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
|                                                        |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| Regulatory Status                                      |                   |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |  |  |  |
| 41) This filing is for authorization to provide or use | the following     | type(s) o   | f radio service offering (enter all the service of | hat apply):                      |  |  |  |  |
| () <b>C</b> ommon Carrier ()Non-Common Carr            | rier ( <b>X</b> ) | Private, ir | nternal communications ()B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | roadcast Services ()Band Manager |  |  |  |  |

| Туре                                                                                                            | Type of Radio Service                                                                                        |                              |   |                          |   |                              |  |   |  |  |  |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------|---|--------------------------|---|------------------------------|--|---|--|--|--|
| 42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply): |                                                                                                              |                              |   |                          |   |                              |  |   |  |  |  |
| (                                                                                                               | ()Fixed (X)Mobile ()Radiolocation ()Satellite (sound) ()Broadcast Services                                   |                              |   |                          |   |                              |  |   |  |  |  |
| 1                                                                                                               | ) <u>-</u> ixea                                                                                              | ( <b>X</b> ) <u>m</u> essile | ( | ) <u>rt</u> aalolooallon | ( | ) <u>o</u> atoliito (coulid) |  | ( |  |  |  |
| 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. In preparing the attachment, refer to the Main Form Instructions for the "Alien Ownership Questions".)

| 44) Is the Applicant a foreign government or the representative of any foreign government?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ( <b>N</b>                            | ) <u>Y</u> es           | 5 <u>N</u>   | <u> </u> 0   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------|--------------|--------------|
| 45) Is the Applicant an alien or the representative of an alien?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (                                     | ) <u>Y</u> es           | 6 <u>1</u>   | <u> </u> 0   |
| 46) Is the Applicant a corporation organized under the laws of any foreign government?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (                                     | ) <u>Y</u> es           | 6 <u>1</u>   | <u> </u> 0   |
| 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 government or representative thereof.                                                                                                                                                                                                                                                                                                                                         | (<br>eign                             | ) <u>Y</u> e:<br>countr |              |              |
| 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 or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?                                                                                                                                                                                                                                                                                                                       | (                                     | ) <u>Y</u> e            | es l         | <u>N</u> o   |
| 48b) If the answer to 47 or 48a is 'Y' select one of the choices below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                         |              |              |
| The Applicant is exempt from the provisions of Section 310(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                         |              |              |
| It is not necessary to file a petition for declaratory ruling if the Applicant includes in the attachment required by Item 47 or It that the requested license(s) is exempt from the provisions of Section 310(b).                                                                                                                                                                                                                                                                                                                                                                                                                                   | tem 4                                 | 8a a s                  | ho           | wing         |
| The Applicant has received a declaratory ruling(s) approving its foreign ownership, and the application involves only additional spectrum for the provision of a wireless service in a geographic coverage area for which the Applicant has authorized.                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                         |              |              |
| If checked, include in the attachment required by Item 47 or Item 48a the citation(s) of the applicable declaratory run number, the FCC Record citation, if available, release date, and a statement that there has been no change in the foreig Applicant since the issuance of its ruling.                                                                                                                                                                                                                                                                                                                                                         |                                       |                         |              |              |
| The Applicant: (i) has received a declaratory ruling(s) approving its foreign ownership, but is not able to make the cert immediately above; or (ii) is an "affiliate" of a Licensee or Lessee/SubLessee that received a declaratory ruling(s) under the Commission's Rules, 47 C.F.R. § 1.990(a), and is relying on the affiliate's ruling for purposes of filing this application a the affiliate's ruling and Section 1.994(b) of the Rules, 47 C.F.R. § 1.994(b).                                                                                                                                                                                | Sectio                                | n 1.99                  | 90(a         | a) of        |
| If checked, and if the Applicant received its declaratory ruling(s) on or after August 9, 2013, include in the attachment required the state of the terms and conditions of the terms and conditions of its ruling and with the Commission's Rules.                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                         |              |              |
| If checked, and if the Applicant received its declaratory ruling(s) prior to August 9, 2013, include in the attachment required copy of a petition for declaratory ruling filed contemporaneously with the Commission to extend the Applicant's existing rules are radio service(s) and geographic coverage area(s) involved in the application. Alternatively, the Applicant material declaratory ruling pursuant to Section 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a). Petitions for declaratory electronically on the Internet through the International Bureau Filing System (IBFS) (with a copy attached hereto).                | ling(s<br>ay re                       | ) to co<br>quest        | ovei<br>a    | r the<br>new |
| If checked, and if the Applicant is relying on an affiliate's ruling for purposes of filing this application, include in the attact<br>Item 47 or Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number, the FCC Record citation, in<br>date, and a statement that the Applicant is in compliance with the terms and conditions of the named affiliate's ru<br>Commission's Rules. The Applicant must also include a certification of compliance signed by the named affiliate or other<br>specified in Section 1.994(b) of the Rules, 47 C.F.R. § 1.994(b). See Main Form Instructions for Items 47 or 48a, as applica- | f avai.<br>uling<br><sup>r</sup> qual | lable,<br>and v         | rele<br>vith | ease<br>the  |
| The Applicant has not received a declaratory ruling approving its foreign ownership and is requesting a declaratory ruling 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a), in a petition filed contemporaneously with the Commission.                                                                                                                                                                                                                                                                                                                                                                                                      | ling u                                | nder                    | Sec          | tion         |
| If checked, include in the attachment required by Item 47 or 48a a copy of the petition for declaratory ruling filed contempor<br>Commission pursuant to Section 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a). Petitions for declaratory<br>electronically on the Internet through the International Bureau Filing System (IBFS) (with a copy attached hereto).                                                                                                                                                                                                                                                                          |                                       |                         |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                         |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                         |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                         |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                         |              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                         |              |              |

### **Basic Qualification Questions**

| 49) Has the Applicant or any party to this application had any FCC station authorization, license or construction<br>permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction<br>permit denied by the Commission?                                                                                             | ( N            | ) <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,<br>ever been convicted of a felony by any state or federal court?                                                                                                                                                                                                  | ( N            | ) <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<br>monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of<br>manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? | <sup>(</sup> N | ) <u>Y</u> es | <u>N</u> 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 reque | ested racilities be used to provide multichannel video programming service?                                                                                                                                                                                  | ( | ) <u>r</u> es | <u>N</u> O |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------|------------|
| (as defined in S    | to question 53a is 'Y', does the Applicant operate, control or have an attributable interest<br>Section 27.1202 of the Commission's Rules) in a cable television system whose franchise<br>I 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 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 ( )Yes No 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?
 ()Yes No

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**

| Gen | cial 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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, barred 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).

Signature 56) Typed or Printed Name of Party Authorized to Sign

| First Name:                                                                                                                                                                                                                                                                                                                                                                            | MI:                  | Last Name: |           | Suffix: |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|-----------|---------|--|--|--|--|
| Jamie                                                                                                                                                                                                                                                                                                                                                                                  | J                    | VanHoose   |           |         |  |  |  |  |
| 57) Title: Sales Coordinator                                                                                                                                                                                                                                                                                                                                                           |                      |            |           |         |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                             | Signature: 58) Date: |            |           |         |  |  |  |  |
| Jamie J VanHoose                                                                                                                                                                                                                                                                                                                                                                       |                      |            | 03/10/201 | 15      |  |  |  |  |
| 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).

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

Approved by OMB

3060 - 0798

for public burden estimate

| 1) Action Requested: ( )                                                                                                                                                                                                                                                      | <u>A</u> dd <u>M</u> o | od <u>D</u> el                           | 2) Location Number:                                                          |                    |                                                       |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|------------------------------------------------------------------------------|--------------------|-------------------------------------------------------|--|--|--|--|
| 3) Location Description:                                                                                                                                                                                                                                                      | 4)                     | Area of Operation                        | Code:                                                                        | 5) Location Nam    | e:                                                    |  |  |  |  |
| 6) FCC Antenna Structure Registration Number, FCC 854 File Number or N/A: N/A                                                                                                                                                                                                 |                        |                                          |                                                                              |                    |                                                       |  |  |  |  |
| 7) Latitude (DD-MM-SS.S):                                                                                                                                                                                                                                                     |                        | NAD83<br>( ) <u>N</u> or <u>S</u>        | 8) Longitude (DDD-M                                                          | IM-SS.S):          | <b>NAD83</b><br>( ) <u>E</u> or <u>W</u>              |  |  |  |  |
| 9) Street Address, Name of Landin                                                                                                                                                                                                                                             | g Area, or Ot          | her Location Descr                       | iption:                                                                      |                    |                                                       |  |  |  |  |
| 10) City:                                                                                                                                                                                                                                                                     | 11                     | ) State:                                 |                                                                              | 12) County/Boro    | ugh/Parish:                                           |  |  |  |  |
| 13) Elevation of Site AMSL (meters)<br>('a' in antenna structure example):                                                                                                                                                                                                    |                        | Appurtenances (I                         | rall Ht AGL Without<br>urtenances (meters)<br>in antenna structure example): |                    | GL With<br>ces (meters)<br>na structure example):     |  |  |  |  |
| 16) Support Structure Type:                                                                                                                                                                                                                                                   |                        |                                          |                                                                              |                    |                                                       |  |  |  |  |
| 17) Location Number: 1<br>(only for Area of<br>Operation Code 'A')                                                                                                                                                                                                            | 8) Radius (kr          | adius (km): 19) Airport Identi           |                                                                              | 20) 5              | ite Status:                                           |  |  |  |  |
| 21) Maximum Latitude (DD-MM-SS<br>Use for rectangle only (Northwest co                                                                                                                                                                                                        |                        | <b>NAD83</b><br>( ) <u>N</u> or <u>S</u> | 22) Maximum Longitu<br>Use for rectangle only                                |                    |                                                       |  |  |  |  |
| 23) Do you propose to operate in a                                                                                                                                                                                                                                            | n area that re         | equires frequency o                      | coordination with Canad                                                      | da?                | ( ) <u>Y</u> es <u>N</u> o                            |  |  |  |  |
| 24) Description: (only for Area of Operation Code 'O')                                                                                                                                                                                                                        |                        |                                          |                                                                              |                    |                                                       |  |  |  |  |
| 25) Number of Units:Ha                                                                                                                                                                                                                                                        | ind Held               | Mobile                                   | Temporary Fixed                                                              | Aircraft           | Itinerant                                             |  |  |  |  |
| 26) Would a Commission grant of Authorization for this location be an action which may have a significant () Yes No<br>environmental effect? See Section 1.1307 of 47 CFR.<br>If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. |                        |                                          |                                                                              |                    |                                                       |  |  |  |  |
| 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 pr<br>specified in this application?                                                                                                                                                                                                          | ior written co         | nsent from the prop                      | per Quiet Zone entity fo                                                     | or the same techni | cal parameters that are<br>( ) <u>Y</u> es <u>N</u> o |  |  |  |  |
| 28) Do you propose to operate in a                                                                                                                                                                                                                                            | n area that re         | equires frequency c                      | oordination with Mexic                                                       | o?                 | ( ) <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           |  | GOVERNMENTAL ENTITY. TWO WAY RADIO DEVICES FOR TRANSMISSION OF |
|                  |  |                                                                |

### Frequency Coordinator Information (if not self-coordinated)

| 3)                             | 4)                            | 5)               | 6)                          |
|--------------------------------|-------------------------------|------------------|-----------------------------|
| Frequency Coordination         | Name of Frequency Coordinator | Telephone Number | Coordination                |
| Number                         |                               |                  | Date                        |
|                                |                               |                  |                             |
|                                |                               |                  |                             |
|                                |                               |                  |                             |
| 7) Has this application been s | uccessfully coordinated?      |                  | ( ) <u>Y</u> es/ <u>N</u> o |
|                                |                               |                  | · · <u> </u>                |
| 1                              |                               |                  |                             |

### **Extended Implementation (Slow Growth)**

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

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

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

### Broadcast Auxiliary Only

| 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 S<br>Community: | tate of Parent Station Principal |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------|----------------------------------|
| 13) If there is no associated parent s<br>C <u>a</u> ble Network Entity <u>B</u> road<br>Large Venue Owner or Operator<br><u>P</u> rofessional Sound Company |                                       |                                         | R                            | 14) State of Primary Operation:  |

### 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    |
|        |               |                                                            |           |

## Antenna Information

| Antennu n                     | il el matien              |                          |                        |                                |                             |                               |                     |                  |
|-------------------------------|---------------------------|--------------------------|------------------------|--------------------------------|-----------------------------|-------------------------------|---------------------|------------------|
| 19)<br>Action<br>( )<br>A/M/D | 20)<br>Location<br>Number | 21)<br>Antenna<br>Number | 22)<br>AAT<br>(meters) | 23)<br>Antenna Ht.<br>(meters) | 24)<br>Azimuth<br>(degrees) | 25)<br>Beamwidth<br>(degrees) | 26)<br>Polarization | 27)<br>Gain (dB) |
|                               |                           |                          |                        |                                |                             |                               |                     |                  |

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# **Frequency Information**

| 28)<br>Action<br>( )<br>A/M/D | 29)<br>Location<br>Number | 30)<br>Antenna<br>Number | 31<br>Frequend                       | l)<br>cy (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 |
|-------------------------------|---------------------------|--------------------------|--------------------------------------|----------------|-------------------------|------------------------|--------------------------------------|-----------------------------------|--------------------|--------------------------------|
|                               | 1                         | 1                        | Existing (if Mod)<br>000159.36000000 | New            | MO3                     | 1                      |                                      | 2.000                             | 2.000              | 11K2F3E,<br>20K0F3E<br>(D)     |
|                               | 1                         | 1                        | Existing (if Mod)<br>000153.89000000 | New            | МО                      | 20                     |                                      | 2.000                             | 2.000              | 11K2F3E,<br>20K0F3E<br>(D)     |
|                               | 2                         | 1                        | Existing (if Mod)<br>000159.36000000 | New            | FB                      | 1                      |                                      | 25.000                            | 25.000             | 11K2F3E,<br>20K0F3E<br>(D)     |
|                               | 3                         | 1                        | Existing (if Mod)<br>000159.36000000 | New            | МО                      | 40                     |                                      | 45.000                            | 45.000             | 11K2F3E,<br>20K0F3E<br>(D)     |
|                               | 3                         | 1                        | Existing (if Mod)<br>000159.36000000 | New            | МО                      | 100                    |                                      | 5.000                             | 5.000              | 11K2F3E,<br>20K0F3E<br>(D)     |

Attachment(s):

| Туре | Description              | Date Entered |
|------|--------------------------|--------------|
| F    | Fee Exemption Attachment | 03/10/2015   |