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Submitted: 07/10/2014 at 15:30:31

File Number: 0006365277

FCC 601 Main Form

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

Approved by OMB
3060 - 0798
See instructions for

1)	Radio Service Code:		1a) Existing Radio Serv	vice Code:		public burden estil
',	YE		raj Existing Radio Gon	noc code.		
	1 C					
Gen	eral Information					
2)	MD - Modification RI	O - Renewal Only M - Renewal/Modifica	AU - Administratition WD - Withdrawal cense DU - Duplicate Li	of Application	NT - Required Not EX - Requests for RL – Registered L	Extension of Time
3a)	If this application is for Authorization (STA), enter enter ' <u>N</u> ' (Not Applicable).					(N) <u>D M S N</u> /A
3b)	If this application is for Spec Refer to Rule 1.915 for an e				therwise enter 'N'.	() <u>Y</u> es <u>N</u> o
4)	If this application is for an on file with the FCC.	Amendment or Without	Irawal, enter the file nun	nber of the pending a	pplication currently	File Number
5)	If this application is for a N License, or Administrative U If this is a request for Regis	Update, enter the call	sign of the existing FCC	license.	•	Call Sign WQBH644
6)	If this application is for a authorization expiration dat			newal/Modification, er	nter the requested	MM DD
7)	Is this application "major" applicable radio service rul applies to certain site-speci	les found in Parts 22	and 90 of the Commissi	on's Rules? (NOTE:	This question only	() <u>Y</u> es <u>N</u> o
8)	Are attachments (other than	n associated schedule	s) being filed with this ap	oplication?		(N) <u>Y</u> es <u>N</u> o
Fees	, Waivers, and Exemptions	S				
	s the Applicant exempt from		?			(γ) <u>Y</u> es <u>N</u> o
	Is the Applicant exempt from					(γ) <u>Y</u> es <u>N</u> o
11a	 Does this application included in the second in the second					(_N) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the num	mber of rule sections i	nvolved.			Number of Rule Section(s):
12)	Are the frequencies or para approved by waiver, or fund			ndfathered privileges,	previously	(<u>)Y</u> es <u>N</u> o

Applicant Information 13) FCC Registration Number (FRN):										
0002877108										
14) Applicant/Licensee Legal Entity Type: (Select One) Individual ()Unincorporated Association		rust	(x)Government	Entity (Corporat	ion ()	Limited Liab	lity Compar	
() General Partnership () Limited Partnersh	hip () L	imited	Liability Partne	ership () Cons	ortium			
() Other:										
15) If the Licensee name is being updated, is the upd to another party and for which proper Commiss provided?								() <u>Y</u>	es <u>N</u> o	
16) First Name (if individual):		MI:	Last N	lame:				Suffix:		
	1									
17) Legal Entity Name (if other than individual):										
Indiana, State of (IPSC) 18) Attention To:										
Integrated Public Safety Commission										
19) P.O. Box:	And/O	r 20) Street	Address:						
			IGCN	- Rm N340 -	100 North	Senate /	Avenue			
21) City:					22) State:		23) Zip C	ode:		
INDIANAPOLIS					IN		46204	ļ		
24) Telephone Number:				25) FAX:						
(317)234-1540				(317)23	4-6514					
26) E-Mail Address:										
nocipsc@ipsc.in.gov										
7) Demographics (Optional):	1 =									
Race: ()American Indian or Alaska Native	Ethni (-	inic or L	or Latino Gender: ()Male			der:)Male	е		
()Asian	()Not H	lispanic or Latino ()Femal)Female	ale		
()Black or African-American										
()Native Hawaiian or Other Pacific Islander										
()White										
	I									
leal Party in Interest 28) Name of Real Party in Interest of Applicant (If diffe Applicant):	erent from	า		29) FCC Reg	istration Numb	per (FRN)) of Real F	arty in Intere	est:	
Contact Information (If different from the Applicant)										
) Check here if same as Applicant. 30) First Name:		MI:	L	ast Name:					Suffix:	
ALEX		R	V	VHITAKER						
31) Company Name:		•	•							
Indiana, State of (IPSC) 32) Attention To:										
INTEGRATED PUBLIC SAFETY										
33) P.O. Box:	And	34)	Street A	Address:						
	/Or			Rm N340 -	100 North S	enate A	venue			
35) City:	I	1		36) State):		37)	Zip Code:		
INDIANAPOLIS				IN			4	16204		
38) Telephone Number:				39) FAX:	4.0544					
(317)234-6513 40) E-Mail Address:				(317)23	4-6514					
alwhitaker@ipsc.in.gov										
egulatory Status				! 						
41) This filing is for authorization to provide or use the	following	type(s) of ra	dio service off	ering (enter all	that app	ly):			
() <u>C</u> ommon Carrier () <u>N</u> on-Common Carrier				nal communica			st Services	s (<u>)B</u>	and <u>M</u> ar	

	ixed	·) <u>M</u> obile	()Radiolocation	() <u>S</u> atellite (sound)	() <u>B</u> roa	adcast Se		NI.
3) DC	es the App	icant propos	se to provide se	rvice inte	rconnected to the pul	olic telepi	none network?		() <u>Y</u> es	<u>N</u> O
			f any answer i			explain	ing the circumstances.	In preparing the	e attachn	nent, re	fer to
4) Is	the Applicar	nt a foreign g	government or t	he repres	sentative of any foreig	n govern	ment?		() <u>Y</u> es	<u>N</u> o
5) Is	the Applicar	nt an alien o	r the representa	ative of ar	alien?				() <u>Y</u> es	<u>N</u> o
6) Is	the Applicar	nt a corporat	tion organized u	under the	laws of any foreign g	overnme	nt?		() <u>Y</u> es	<u>N</u> o
							owned of record or voted y corporation organized		(a foreign) <u>Y</u> es country	
s own	ed of record	l or voted by		represent	atives, or by a foreig		n more than one-fourth o ment or representative th		() <u>Y</u> es	5 <u>N</u> O
48b)	If the answe	er to 47 or 48	8a is 'Y' select o	one of the	choices below.						
	The Applic	ant is exem	pt from the prov	isions of	Section 310(b).						
					ory ruling if the Applic e provisions of Section		des in the attachment re	quired by Item 47	or Item 4	18a a sh	owing
		spectrum fo					ownership, and the app ic coverage area for wh				
	number, th	e FCC Rec		available,			e citation(s) of the app t that there has been no				
	immediate the Comm	ly above; or ission's Rul	(ii) is an "affilia es, 47 C.F.R. §	ate" of a L 1.990(a)	icensee or Lessee/S	ubLesse affiliate	n ownership, but is not e that received a declar 's ruling for purposes of	atory ruling(s) und	der Section	on 1.990)(a) of
	Item 48a t	he citation(s	s) of the Applica	ant's decla	aratory ruling(s) by D	A/FCC n	August 9, 2013, include aumber, the FCC Record fits ruling and with the C	citation, if availab	ole, releas		
	copy of a same radi	petition for c o service(s, ruling purs	leclaratory rulin) and geograp suant to Section	ig filed co hic covei i 1.990(a)	ntemporaneously wit rage area(s) involve of the Commission's	h the Co d in the Rules, 4	igust 9, 2013, include in mmission to extend the a application. Alternativ 17 C.F.R. § 1.990(a). Pe (IBFS) (with a copy attac	Applicant's existing ely, the Applicand etitions for declara	ng ruling(s nt may re	s) to cov equest a	er the a new
	Item 47 or date, and Commission	tem 48a tl a statemer on's Rules.	he citation(s) of nt that the App The Applicant	the appli plicant is must also	icable declaratory rul in compliance with include a certification	ing(s) by the term on of com	s of filing this application DA/FCC number, the Fas and conditions of the pliance signed by the national for Item orm Instructions for Item	CC Record citation e named affiliate amed affiliate or o	on, if ava e's ruling other qua	ilable, re and wi	elease th the
							ownership and is requestontemporaneously with		y ruling u	under S	ection
	Commission	on pursuant	to Section 1.9	90(a) of	the Commission's Ru	ıles, 47	ne petition for declaratory C.F.R. § 1.990(a). Peti (IBFS) (with a copy attac	tions for declarat			

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

monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?

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

Aeronautical Advisory Station (Unicom) Certification

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

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service?)<u>Y</u>es <u>N</u>o 53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest)Yes No

(as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the Applicant comply with the programming requirements contained in Section 27.1203)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

- 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.
- 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. 2) *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.
- 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 3) this application, and are true, complete, correct, and made in good faith.
- 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 4) 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.
- 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 5) application, or (3) is not required to file ownership data under the Commission's Rules.
- The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the
- 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).
- 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
- 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:
David	w	Vice	
57) Title: Executive Director			
Signature:		58) Da	ate:
David W Vice		07/10/	2014
		·	

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

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

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

FCC 601 Schedule H

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

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

Eligibility			
1) Rule Section:	2) Describe Activity: INDIANA STATE GOVERNMENTAL ENTITY I	DDOVIDING BUILDING SAFETY	
90.617	COMMUNICATIONS TO THE STATE OF INDI		
Frequency Coordinator Inform	ation (if not self-coordinated)		
3)	4)	5)	6)
Frequency Coordination Number	Name of Frequency Coordinator	Telephone Number	Coordination Date
7) Has this application been success	ully coordinated?		() <u>Y</u> es/ <u>N</u> o

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan?

If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.

Associated Call Signs (Attach additional sheets if required)

9) WNQU951	WNRJ540	WNSF254	WNXG593	WNXG595
9) WNXG826	WPCE312	WPJR835	KNNP956	KNNV773
			G V	
9) WNQU952	WNXG591	WNXW542	WPDG831	WPIQ340
9) WPIQ344	WPJP476	WPJP478	WPKU632	WPKG510
9) WPKG511	WPKH238	WPKU276		
				FCC 601 – Schedule H January 2014 – Page 1

Broadcast Auxiliary Only

If there is an associated Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and Si Community:	tate of Parent Station Principal
13) If there is no associated parent	station, this Applicant is a: ()		14) State of Primary Operation:
Cable Network Entity Bro	adcast Network Entity Telev	vision <u>C</u> able Operator		
<u>M</u> otion Picture Producer <u>T</u> ele	vision Producer			

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

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

Antenna Information

Antenna n	ii Oi iii atioii							
19)	20)	21)	22)	23)	24)	25)	26)	27)
Action	Location	Antenna	AAT	Antenna Ht.	Azimuth	Beamwidth	Polarization	Gain (dB)
()	Number	Number	(meters)	(meters)	(degrees)	(degrees)		` ,
À/M/D			, ,	, ,	, , ,	, , ,		
	, and the second							

Frequency Information

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