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FCC 601 Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB

3060 - 0798

See instructions for

			See instructions for public burden estimate
1)	Radio Service Code: PW	1a) Existing Radio Service Code:	
Gen	eral Information		
2)		val/Modification WD - Withdrawal of Application E	T - Required Notifications X - Requests for Extension of Time L – Registered Location/Link
3a)		dopmental License, De <u>m</u> onstration License, or a <u>Special parts</u> and attach the required exhibit as described in the instruction	
3b)		orary Authority due to an emergency situation, enter 'Y'; othen of situations considered to be an emergency.	rwise enter 'N'. (N) <u>Y</u> es <u>N</u> o
4)	If this application is for an Amendme on file with the FCC.	nt or Withdrawal, enter the file number of the pending appli	cation currently File Number
5)	License, or Administrative Update, er	n, Renewal Only, Renewal/Modification, Cancellation of Lic ster the call sign of the existing FCC license. ation/Link, enter the FCC call sign assigned to the geographic	•
6)	If this application is for a New, A authorization expiration date (this iter	mendment, Renewal Only, or Renewal/Modification, entern is optional).	the requested MM DD
7)	applicable radio service rules found	d in §1.929 of the Commission's rules when read in conjuin Parts 22 and 90 of the Commission's rules? (NOTE: Thitions. See the instructions for applicability and full text of §1.	s question only
8)	Are attachments being filed with this a	pplication?	(γ) <u>Y</u> es <u>N</u> o
	s, Waivers, and Exemptions		
9) I	s the applicant exempt from FCC appli	cation fees?	(Υ) <u>Y</u> es <u>N</u> o
10)	Is the applicant exempt from FCC regi	ulatory fees?	(Y) <u>Y</u> es <u>N</u> o
118		st for a Waiver of the Commission's rule(s)? le number(s) and explaining circumstances.	(N) <u>Y</u> es <u>N</u> o
111	b) If 11a is 'Y', enter the number of rul	e section(s) being waived.	Number of Rule Section(s):
12)	Are the frequencies or parameters reapproved by waiver, or functionally in	quested in this filing covered by grandfathered privileges, pre tegrated with an existing station?	viously (N) <u>Y</u> es <u>N</u> o

Applicant information								
13) FCC Registration Number (FRN): 0002036127								
14) Applicant/Licensee legal entity type: (Select One) Individual Corporation	Unince	orporate	ed Asso	ciation	Trust	X	Government Entity	
☐ Consortium ☐ General Partnership ☐	Limite	d Liabil	lity Com	pany	Limited Lia	bility Partne	rship	
☐ Limited Partnership ☐ Other (Description of L	egal Er	ntity) _						_
15) If the licensee name is being updated, is the update to another party and for which proper Commission provided?	e a reson appr	ult from oval ha	the sal	e (or transfe been receive	er of control) of the li ed or proper notifica	cense(s) ation not	(<u>)Y</u> es <u>N</u> o	
16) First Name (if individual):		MI:	Last Na	nme:		•	Suffix:	
17) Legal Entity Name (if other than individual):	<u> </u>	<u> </u>						
Appomattox County Volunteer Fire Departn	nent							
18) Attention To:								
Timothy Garrett, Fire Chief								
19) P.O. Box:	And/O	20)	Street A	Address:				
894								
21) City:					22) State:	23) Zip (
Appomattox					VA	2452	2	
24) Telephone Number:				25) FAX:				
(434)352-5555				(434)35	52-0883			
26) E-Mail Address:								
twgarrett@appomattox.k12.va.us								
27) Demographics (Optional):								
Race:	Ethni				G	ender:		
American Indian or Alaska Native		spanic	or Latin	0		Male		
Asian	□No	ot Hispa	anic or L	atino		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 applicant):	ent from	1	2	29) FCC Reg	istration Number (FI	RN) of Real I	Party in Interest:	
арриоану.								
Contact Information (If different from the applicant)								
30) First Name:		MI:	Las	st Name:			Suffix:	
Michael		D	Sa	ıben				
31) Company Name:		ı					l l	
CTA Communications, Inc.								
32) Attention To:							2	
33) P.O. Box:	And	34) S	Street Ad	ddress:				
4579	/Or	2	0715 T	imberlake	Road, Suite 106			
35) City:	1	1		36) State		37)	Zip Code:	
Lynchburg				VA			24121	
38) Telephone Number:			;	39) FAX:				
(434)239-9200				(434)23	9-9221			
40) E-Mail Address:								
msaben@ctacommunications.com								

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):			
()Common Carrier ()Non-Common Carrier (X)Private, internal communications ()Broadcast Services	()!	Band <u>I</u>	<u>/I</u> anager
Type of Radio Service			
42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):			
() <u>F</u> ixed (<u>X</u>) <u>M</u> obile () <u>R</u> adiolocation () <u>S</u> atellite (sound) () <u>B</u> roadd	ast Se	ervices	
43) Interconnected Service?	()) <u>Y</u> es	<u> </u>
Alien Ownership Questions			
44) Is the applicant a foreign government or the representative of any foreign government?	(N) <u>Y</u> es	<u> </u>
45) Is the applicant an alien or the representative of an alien?	(N) <u>Y</u> es	s <u>N</u> o
46) Is the applicant a corporation organized under the laws of any foreign government?	(1) <u>Y</u> es	5 <u>N</u> o
47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(N	l) <u>Y</u> es	s <u>N</u> o
48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(1	N) <u>Y</u> e	s <u>N</u> o
48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application?	() <u>Y</u> e	s <u>N</u> o
If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuan Section 310(b)(4) of the Communications Act.	t to		
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?		Ŋ) <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?	(N) <u>Y</u> 6	es <u>N</u> o
51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(N	1) <u>X</u> 6	es <u>N</u> o
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 hower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located 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 yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?	() <u>Y</u> e	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 or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	Comm	nission	's Rules
Broadband Radio Service and Educational Broadband Service (Part 27)			
54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?	() <u>Y</u> e	es <u>N</u> o
Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	nission	ı's Rule	es or
55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules?	() <u>Y</u> e	es <u>N</u> o
Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) i ltem 11a must be answered 'Y'.	s bein	g requ	ested,

General Certification Statements

- 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.*
 *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
- 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
- 7) The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 8) The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

obj Typed of Filited Name of Farty Admonized to Sign								
First Name:			MI:	Last Name:		Suffix:		
Timothy				Garrett				
57) Title:								
Fire Chief								
Signature:					58) Da	te:		
Timothy	Garrett				02/0	2/2005		

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 D

Wireless Telecommunications Bureau Schedule for Station Locations and Antenna Structures

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

1) Action Requested: (A) Add Mod Del 2) Location Number:								
3) Location Description:	4) Area of Operation	Code:	5) Location Na	me:				
Fixed								
6) FCC Antenna Structure Registration #	or N/A (FAA Notification							
N/A								
7) Latitude (DD-MM-SS.S):	NAD83	8) Longitude (DDD-N	MM-SS.S):	NAD83				
37-21-27.5	(N) <u>N</u> or <u>S</u>	078-49-02.0		(₩) <u>E</u> or <u>W</u>				
9) Street Address, Name of Landing Area	or Other Location Desc	 cription:						
Rt. 631 1 mi NE of Rt. 460								
10) City:	11) State:		12) County/Bo	rough/Parish:				
Appomattox	VA		APPOMAT	тох				
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL \ Appurtenances		15) Overall Ht	AGL With nces (meters)				
(a in antenna structure example).		structure example):		nna structure example):				
244.0	27.0		27.0					
16) Support Structure Type: TOWER								
	lius (km):	19) Airport Identifier:	: 20)	Site Status:				
(only for Area of Operation Code 'A')								
Operation Code A)								
21) Maximum Latitude (DD-MM-SS.S):	NAD83	22) Maximum Longit	tudo (DDD MM S	S.S): NAD83				
Use for rectangle only (Northwest corner)	() <u>N</u> or <u>S</u>	Use for rectangle only						
23) Do you propose to operate in an area	that requires frequency	coordination with Cana	ada?	() <u>Y</u> es <u>N</u> o				
24) Description: (only for Area of Operation	n Code 'O')							
25) Number of Units:Hand HeldMobileTemporary FixedAircraftItinerant								
26) Would a Commission grant of Authorization for this location be an action which may have a significant (N) Yes No								
environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.								
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified:								
27b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () Yes No								
28) Do you propose to operate in an area	that requires frequency	coordination with Mexic	co?	() <u>Y</u> es <u>N</u> o				

FCC 601 Schedule D

Wireless Telecommunications Bureau Schedule for Station Locations and Antenna Structures

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

1) Action Requested: (A) Add Mod Del 2) Location Number: 2							
3) Location Description:	4) Area of Operation	Code:	5) Location Name:				
Mobile	С						
6) FCC Antenna Structure Registration # or	N/A (FAA Notification I	not Required): N/A					
7) Latitude (DD-MM-SS.S):	NAD83 () <u>N</u> or <u>S</u>	8) Longitude (DDD-N	MM-SS.S): NAD83 () <u>E</u> or <u>W</u>				
9) Street Address, Name of Landing Area, or Other Location Description:							
10) City:	11) State:		12) County/Borough/Parish:				
	VA		APPOMATTOX				
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):				
16) Support Structure Type:							
17) Location Number: 18) Radiu (only for Area of Operation Code 'A')	s (km):	19) Airport Identifier:	20) Site Status:				
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)	NAD83 () <u>N</u> or <u>S</u>	22) Maximum Longitu Use for rectangle only 	ude (DDD-MM-SS.S): NAD83 ((Northwest corner) () <u>E</u> or <u>W</u>				
23) Do you propose to operate in an area th	at requires frequency	coordination with Cana	da? (N) <u>Y</u> es <u>N</u> o				
24) Description: (only for Area of Operation Code 'O')							
25) Number of Units:Hand Held	Mobile	Temporary Fixed	AircraftItinerant				
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.							
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified:							
27b) Has the applicant obtained prior written specified in this application?	n consent from the prop	per Quiet Zone entity fo	or the same technical parameters that are () <u>Y</u> es <u>N</u> o				
28) Do you propose to operate in an area that requires frequency coordination with Mexico? () Yes No							

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 90.21A		2) Describe Activity: Volunteer Fire Dep	partment				
Frequency C	coordinator Infor	mation (if not self-coordin	ated)				
3) Frequency C	oordination		4) ency Coordinator	5) Telephone N	Number	6) Coordination Date	
7) Has this appl	lication been succes	ssfully coordinated?				() <u>Y</u> es/ <u>N</u> o	
Extended Im	plementation (SI	ow Growth)					
8) Are you requ	esting a new or mod	dified extended implementation ustification and a proposed s				() <u>Y</u> es/ <u>N</u> o	
	all Signs (Attach	additional sheets if requ	uired)				
9)							
		,					
Broadcast Au	xiliary Only						
If there is an a Parent Station Items 10-12.	associated	10) Facility Id of Parent Station:		2) City and State ommunity:	of Parent Sta	tion Principal	
13) If there is no B roadcast Netwo		station, this applicant is a: (sion C able Operator M otio		n Producer 14) S	State of Primary	Operation:	
Control Point	(s) (Other than a	t the transmitter) (Attac	th additional sheets if required	1)			
15)	16)		17)			18)	
Action A/M/D	Control Point Number	Street Address, 0	Location City or Town, County/Borough/Parisl	h, State	Telephone Number		
A	1	Court St & Norton Ln Appomattox, APPOMA	ITOX, VA		(434)352-824	41	

Antenna Information

/ tilleoillia ii	Antenna information							
19)	20)	21)	22)	23)	24)	25)	26)	27)
Action	Location	Antenna	AAT	Antenna Ht.	Azimuth	Beamwidth	Polarization	Gain (dB)
()	Number	Number	(meters)	(meters)	(degrees)	(degrees)		
A/M/D								
Α	1	1	53.0	27.0	360.0	360.0	V	

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
Α	1	1	Existing (if Mod)	New 000046.18000000	FB	1		100.000	100.000	20K0F3E (A)
Α	2	1	Existing (if Mod)	New 000046.18000000	МО	75		110.000	110.000	20K0F3E (A)

Attachment(s):

Туре	Description	Date Entered
О	STA Request	02/02/2005