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

Submitted: 12/19/2014 at 15:47:55 File Number: 0006590791

## 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: TP

**FCC 601** 

**Main Form** 

1a) Existing Radio Service Code:

#### **General Information**

| 2)  | (Select only one) (AU)  |                            |  |  |  |  |  |
|-----|---|----------------------------|--|--|--|--|--|
|     | NE - New         RO - Renewal Only         AU - Administrative Update         NT - Required Not   |                            |  |  |  |  |  |
|     | MD - Modification         RM - Renewal/Modification         WD - Withdrawal of Application         EX - Requests for           AM - Amendment         CA - Cancellation of License         DU - Duplicate License         RL - Registered License   |                            |  |  |  |  |  |
|     |   |                            |  |  |  |  |  |
| 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'. 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.   |                            |  |  |  |  |  |
| 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<br>/                 |  |  |  |  |  |
| 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). |                            |  |  |  |  |  |
| 8)  | Are attachments (other than associated schedules) being filed with this application?  | ( ) <u>Y</u> es <u>N</u> o |  |  |  |  |  |

#### Fees, Waivers, and Exemptions

| 9) Is the Applicant exempt from FCC application fees?   | ( <u>N)Y</u> es <u>N</u> o          |
|---|-------------------------------------|
| 10) Is the Applicant exempt from FCC regulatory fees?   | ( <b>N</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? | ( ) <u>Y</u> es <u>N</u> o          |

| pplicant Information<br>13) FCC Registration Number (FRN):<br>0017735846  |                  |                  |                |                       |                        |               |                                   |
|---|------------------|------------------|----------------|-----------------------|------------------------|---------------|-----------------------------------|
| 14) Applicant/Licensee Legal Entity Type: (Selec<br>( ) Individual ( )Unincorporated Associa                                      |                  | rust             | ()Gover        | nment                 | Entity ( )Co           | rporation (X  | )Limited Liability Company        |
| ( ) General Partnership ( ) Limited Par   | tnership (       | ) Lin            | nited Liabilit | y Partne              | ership ( )             | Consortium    |                                   |
| ( ) Other:  |                  |                  |                |                       |                        |               |                                   |
| <ul> <li>15) If the Licensee name is being updated, is the<br/>to another party and for which proper Cor<br/>provided?</li> </ul> |                  |                  |                |                       |                        |               | ( ) <u>Y</u> es <u>N</u> o        |
| 16) First Name (if individual):   |                  | MI: L            | Last Name:     |                       |                        |               | Suffix:                           |
| 17) Legal Entity Name (if other than individual):   |                  |                  |                |                       |                        |               |                                   |
| WWBT LICENSE SUBSIDIARY, LLC  |                  |                  |                |                       |                        |               |                                   |
| 18) Attention To:   |                  |                  |                |                       |                        |               |                                   |
|   |                  |                  |                |                       |                        |               |                                   |
| 19) P.O. Box:   | And/Or           | · 20) S          | Street Addre   | ss:                   |                        |               |                                   |
|   |                  | R                | SA TOWE        | R, 201                | H FLOOR 201            | MONROE S      | TREET                             |
| 21) City:   |                  |                  |                |                       | 22) State:             | 23) Zip       | Code:                             |
| MONTGOMERY  |                  |                  |                |                       | AL                     | 361           | 04                                |
| 24) Telephone Number:   |                  |                  | 25) F          | AX:                   |                        | ·             |                                   |
| (334)206-1400   |                  |                  | (              | 334)20                | 6-1554                 |               |                                   |
| 26) E-Mail Address:   |                  |                  |                |                       |                        |               |                                   |
| rbryan@raycommedia.com  |                  |                  |                |                       |                        |               |                                   |
| ) Demographics (Optional)   |                  |                  |                |                       |                        |               |                                   |
| ) Demographics (Optional):<br>Race:   | Ethni            | city:            |                | _                     |                        | Gender:       |                                   |
| )American Indian or Alaska Native   | ( )              | Hispani          | c or Latino    |                       |                        | ()Male        |                                   |
| )Asian  | ( )              | Not His          | panic or Lat   | c or Latino ( )Female |                        |               | 9                                 |
| )Black or African-American  |                  |                  |                |                       |                        |               |                                   |
| )Native Hawaiian or Other Pacific Islander  |                  |                  |                |                       |                        |               |                                   |
| Juanve Hawanan of Other Facilic Islander  |                  |                  |                |                       |                        |               |                                   |
| )White  |                  |                  |                |                       |                        |               |                                   |
| eal Party in Interest   |                  |                  |                |                       |                        |               |                                   |
| 28) Name of Real Party in Interest of Applicant (I<br>Applicant):   | f different from | I                | 29) F          | CC Reg                | istration Number       | (FRN) of Real | Party in Interest:                |
| (pplicant).   |                  |                  |                |                       |                        |               |                                   |
| ontact Information (If different from the Applica   | nt)              |                  |                |                       |                        |               |                                   |
| ) Check here if same as Applicant.  | (iii)            |                  |                |                       |                        |               |                                   |
| 0) First Name:  |                  | MI:              | Last Na        | ne:                   |                        |               | Suffix:                           |
| Eve   |                  | R                | Pogor          | ler                   |                        |               | Esq                               |
| 1) Company Name:  |                  |                  |                |                       |                        |               |                                   |
| Covington & Burling LLP<br>32) Attention To:  |                  |                  |                |                       |                        |               |                                   |
| z) Alterition 10.   |                  |                  |                |                       |                        |               |                                   |
| 3) P.O. Box:  | And              | 34) St           | reet Addres    | <b>.</b> .            |                        |               |                                   |
| 5)1.0.00  | /Or              |                  |                |                       | 50 Tenth Stree         | et. N.W.      |                                   |
| 5) City:  |                  |                  |                | 6) State              |                        |               | 7) Zip Code:                      |
| Washington  |                  |                  |                | DC                    |                        |               | 20001                             |
| 8) Telephone Number:  |                  |                  | 39) F          |                       |                        |               |                                   |
| (202)662-5345   |                  |                  | (2             | 202)77                | 8-5345                 |               |                                   |
| 0) E-Mail Address:  |                  |                  |                |                       |                        |               |                                   |
| epogoriler@cov.com  |                  |                  |                |                       |                        |               |                                   |
| egulatory Status  | o tho followin - | tupo/2)          | of radia acr   | vice off              | oring (ontor all the   |               |                                   |
| 1) This filing is for authorization to provide or us  | e the following  | type(s)          | or radio ser   | VICE OIT              | ening (enter all tha   | ar apply).    |                                   |
| ) <u>C</u> ommon Carrier ( ) <u>N</u> on-Common Ca  | arrier ()        | <u>P</u> rivate, | internal con   | nmunica               | ations ( ) <u>B</u> ro | adcast Servic | es ( ) <u>B</u> and <u>M</u> anag |

| Туре | Type of Radio Service  |   |                  |   |                         |   |                             |   |                              |
|------|--|---|------------------|---|-------------------------|---|-----------------------------|---|------------------------------|
| 42)  | 42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply):              |   |                  |   |                         |   |                             |   |                              |
| (    | ) <u>F</u> ixed  | ( | ) <u>M</u> obile | ( | ) <u>R</u> adiolocation | ( | ) <u>S</u> atellite (sound) | ( | ) <u>B</u> roadcast Services |
| 43)  | 43) Does the Applicant propose to provide service interconnected to the public telephone network? ( ) <u>Y</u> es <u>N</u> o |   |                  |   |                         |   |                             |   |                              |

# 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?  | (                          | ) <u>Y</u> es                    | <u>N</u> o         |
|---|----------------------------|----------------------------------|--------------------|
| 45) Is the Applicant an alien or the representative of an alien?  | (                          | ) <u>Y</u> es                    | <u>N</u> o         |
| 46) Is the Applicant a corporation organized under the laws of any foreign government?  | (                          | ) <u>Y</u> es                    | <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 f  | (<br>oreign                |                                  | s <u>N</u> o<br>y? |
| 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                     | s <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 that the requested license(s) is exempt from the provisions of Section 310(b).   | ltem 4                     | 48a a si                         | howing             |
| The Applicant has received a declaratory ruling(s) approving its foreign ownership, and the application involves onl additional spectrum for the provision of a wireless service in a geographic coverage area for which the Applicant h authorized.  | as be                      | en pre                           | viously            |
| If checked, include in the attachment required by Item 47 or Item 48a the citation(s) of the applicable declaratory r<br>number, the FCC Record citation, if available, release date, and a statement that there has been no change in the fore<br>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 commediately 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 the affiliate's ruling and Section 1.994(b) of the Rules, 47 C.F.R. § 1.994(b).   | Section                    | on 1.99                          | 0(a) of            |
| If checked, and if the Applicant received its declaratory ruling(s) on or after August 9, 2013, include in the attachment re<br>Item 48a the citation(s) of the Applicant's declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available,<br>statement that the Applicant is in compliance with 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 req<br>copy of a petition for declaratory ruling filed contemporaneously with the Commission to extend the Applicant's existing is<br>same radio service(s) and geographic coverage area(s) involved in the application. Alternatively, the Applicant is<br>declaratory ruling 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).    | uling(s<br>nay re          | s) to co<br>equest               | ver the<br>a new   |
| If checked, and if the Applicant is relying on an affiliate's ruling for purposes of filing this application, include in the atta<br>Item 47 or Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number, the FCC Record citation,<br>date, and a statement that the Applicant is in compliance with the terms and conditions of the named affiliate's<br>Commission's Rules. The Applicant must also include a certification of compliance signed by the named affiliate or oth<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 appli | if ava<br>ruling<br>er qua | ilable, i<br>and w<br>alified ei | release<br>ith 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.   | uling                      | under S                          | Section            |
| If checked, include in the attachment required by Item 47 or 48a a copy of the petition for declaratory ruling filed contemp<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?   | ( | ) <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 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? | ( | ) <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 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<br>(as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise<br>area is located 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?
 ()<u>Y</u>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) is being requested, Item 11a must be answered 'Y'.

#### **General Certification Statements**

| Sen | 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.* *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:    |  |  |  |  |
|--|-----|------------|------------|--|--|--|--|
| Rebecca  | S   | Bryan      |            |  |  |  |  |
| 57) Title: Vice President & General Counsel  |     |            |            |  |  |  |  |
| Signature:   |     |            | 58) Date:  |  |  |  |  |
| Rebecca S Bryan  |     |            | 12/19/2014 |  |  |  |  |
| 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).

#### Technical Data Schedule for the Fixed Microwave and Microwave Broadcast Auxiliary Services (Parts 101 and 74)

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

## Administrative Information

| / (011 |   |                                 |                             |
|--------|---|---------------------------------|-----------------------------|
| 1)     | Is this application being filed as part of a pack?  |                                 | ( ) <u>Y</u> es/ <u>N</u> o |
| 2a)    | If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack FCC):  | ack identification number has a | Iready been assigned by the |
| 2b)    | Pack Name:  |                                 |                             |
| 3)     | Type of Operation (refer to instructions) Check One Only:   | 4) Station Class:               | 5) DEMS only: SMSA:         |
| ,      | <ul> <li>() Permanent Fixed Point to Point</li> <li>() Multiple Address System (MAS)</li> <li>() X) Temporary Fixed/Mobile</li> <li>() Digital Electronic Message Service (DEMS)</li> </ul>   | мо                              |                             |
|        | If this request is for a Modification, Renewal/Modification, or Amendment of a currently<br>along with all minor Modification or Amendment requests filed since you applied for a<br>major action was granted by the Commission, produce a cumulative effect that would | new authorization or since the  |                             |
| 7)     | Has frequency coordination been completed for this application?   | •                               | ( ) <u>Y</u> es/ <u>N</u> o |

### Frequency Coordinator Information

| Complete Items 8 through 11 if not self-coordinated |                                     |                         |                          |  |  |  |  |  |  |
|---|-------------------------------------|-------------------------|--------------------------|--|--|--|--|--|--|
| 8)<br>Frequency<br>Coordination Number              | 9)<br>Name of Frequency Coordinator | 10)<br>Telephone Number | 11)<br>Coordination Date |  |  |  |  |  |  |
|   |                                     |                         |                          |  |  |  |  |  |  |

#### **Broadcast Auxiliary Only**

| If there is an associated      | 12a)                                 | 12b)                                | 12c)  |
|--------------------------------|--------------------------------------|-------------------------------------|---|
| Parent Station, provide:       | Facility Id of Parent Station:       | Radio Service of Parent<br>Station: | City and State of Parent Station Principal Community: |
|                                | 30833                                |                                     | RICHMOND  |
|                                | 30033                                | DT                                  | VA  |
|                                |                                      |                                     |   |
| If there is no associated pare | ent station, applicant certifies tha | t it is a Broadcast Network Enti    | ty 13) State of Primary Operation:                    |
| and completes Item 13.         |                                      |                                     |   |
|                                |                                      |                                     | VA  |
|                                |                                      |                                     |   |
|                                |                                      |                                     |   |
|                                |                                      |                                     |   |

## Control Point (Technical Point of Contact)

| 14)        | 15)  | 16)       |
|------------|--|-----------|
| Action     | Location   | Telephone |
| <b>A/M</b> | Street Address, City or Town, County/Borough/Parish, State | Number    |
|            |  |           |

#### FCC 601 Schedule I Supplement 1

**Location Data** 

| 1) Action Requested: ( ) <u>A</u> dd <u>M</u> od     | <u>D</u> el                   | 2) Location Number:        |                                   |                            |
|--|-------------------------------|----------------------------|-----------------------------------|----------------------------|
|  |                               |                            |                                   |                            |
| 3) Location Description:                             | 4) Area of Operation Co       | ode:                       | 5) Location Name:                 |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 6) FCC Antenna Structure Registration Number,        | FCC 854 File Number or        | N/A:                       |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 7) Latitude (DD-MM-SS.S):                            | NAD83                         | 8) Longitude (DDD-MM       | I-SS.S):                          | NAD83                      |
|  | ( ) <u>N</u> or <u>S</u>      | , .                        |                                   | ( ) <u>E</u> or <u>W</u>   |
|  |                               |                            |                                   |                            |
| 9) Street Address, Name of Landing Area, or Ot       | her Location Description:     |                            |                                   |                            |
| of effect Address, Name of Earlang Area, of et       | ter Eboation Besonption.      |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 10) City:  | 11) State:                    |                            | 12) County/Borough/Parish:        |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 13) Elevation of Site AMSL (meters)                  | 14) Overall Ht AGL Wit        |                            | 15) Overall Ht AGL With           |                            |
| ('a' in antenna structure example):                  | Appurtenances (me             |                            | Appurtenances (meters)            |                            |
|  | ('b' in antenna struc         | ture example):             | ('c' in antenna structure e       | xample):                   |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 16) Support Structure Type:                          |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 17) Radius (km):                                     |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 18) Maximum Latitude (DD-MM-SS.S):                   | NAD83                         | 19) Maximum Longitud       |                                   | NAD83                      |
| Use for rectangle only (Northwest corner)            | ( ) <u>N</u> or <u>S</u>      | Use for rectangle only     | (Northwest corner)                | ( ) <u>E</u> or <u>W</u>   |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 20) Do you propose to operate in an area that re     | quires frequency coordina     | tion with Canada?          |                                   | ( ) <u>Y</u> es <u>N</u> o |
|  |                               |                            |                                   | ( ) <u>1</u> 00 <u>H</u> 0 |
| 21) Description: (only for Area of Operation Cod     | e 'O')                        |                            |                                   |                            |
| ,,,  | )                             |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
| 22) Would Commission grant of Authorization for      | or this location be an action | n which may have a signif  | ficant                            | ( ) <u>Y</u> es <u>N</u> o |
| environmental effect? See Section 1.1307 of          |                               |                            |                                   |                            |
| If 'Yes', submit an environmental assessment         | nt as required by 47 CFR,     | Sections 1.1308 and 1.13   | 311.                              | <u> </u>                   |
| 23a) If the site is located in one of the Quiet Zone | es listed in Item 23b of the  | Instructions, provide the  | date (mm/dd/yyyy) that the prop   | er Quiet Zone              |
| entity was notified://                               |                               |                            |                                   |                            |
| 23b) Has the Applicant obtained prior written con    | sent from the proper Quie     | t Zone entity for the same | e technical parameters that are s | specified in this          |
| application?   |                               |                            |                                   | ) <u>Y</u> es <u>N</u> o   |
|  |                               |                            |                                   |                            |
| 24) Do you propose to operate in an area that re-    | quires frequency coordinat    | tion with Mexico?          |                                   | ) <u>Y</u> es <u>N</u> o   |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |
|  |                               |                            |                                   |                            |

#### FCC 601 Schedule I Supplement 2 Transmit Location

Path Data

| 1) Transmit location name:                                      | 2) Path number:   |
|---|---|
|   |   |
| 3) Action Requested: ( ) Add New Path Modify Existing Path      | Delete Existing Path  |
|   | <b>–</b> °  |
| 4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (En | er only one per path): 4b) Path code (Enter only one per path): |
| MAS or DEMS   | MAS   |
| ( )Fixed Two-way ( )Multiple T                                  | wo-way ( ) Master to Remote                                     |
| Master-Remote/Nodal-User Master-Re                              | mote/Nodal-User () Remote to Master                             |
| MAS ONLY  | DEMS  |
| ( )Fixed One-way Outbound Master ( )Multiple C                  | ne-way Outbound Master () Nodal to User                         |
|   | Ú)User to Nodal   |
| ( )Fixed One-way Inbound Master ( )Mobile M                     | aster   |

#### **Transmit Antenna**

| 5) Antenna Manufacturer:   |                                     | 6) Antenna Model Number      | r:  |        |               |            |
|--|-------------------------------------|------------------------------|---|--------|---------------|------------|
| 7) Height to Center of Antenna AGL (meters): 8) Beamwidth (degrees):   |                                     | es):                         | 9) Antenna Gain (dBi):                              |        |               |            |
| 10) Diversity Antenna Height AGL (meters):   | 11) Diversity Beamwidth (degrees):1 |                              | 12) Diversity Antenna Gain (dBi):                   |        |               |            |
| 13) Elevation (Tilt) Angle (degrees):  | 14) Polarization:                   |                              | 15) Azimuth to RX Location o<br>Repeater (degrees): |        | sive          |            |
| 16) Periscope Reflector Dimensions (meters):<br>Height: Width:   |                                     | 17) Periscope Reflector So   | eparation (meters):                                 |        |               |            |
| 18) If the final receiver is located outside of the L  | Jnited States, enter the            | country in the space provide | d and attach an exhibit explainir                   | ng cir | cumsta        | ances.     |
| 19) Does this path include passive repeater?   |                                     |                              |   | (      | ) <u>Y</u> es | <u>N</u> o |
| 20) Does this filing add or modify emanations in the 5925 - 7075 MHz band pointing within 2 degrees of the Geostationary () <u>Y</u> es <u>N</u> o Satellite Arc with EIRP greater than 65 dBm, or in the 12700 - 13250 MHz band pointing within 1.5 degrees of the Geostationary Satellite Arc with EIRP greater than 75 dBm? |                                     |                              |   |        |               |            |
| If 'Yes', answer the following questions below   | and attach waiver requ              | lest explaining circumstance | S.  |        |               |            |
| 20a) Angular Separation between main beam an   | d Geostationary Satelli             | te Arc (degrees). Include Or | bital Calculations in the wavier                    | exhibi | it            |            |
| 20b) Does the Applicant certify that there is no a   | Iternative to the propose           | ed transmission path?        |   | (      | ) <u>Y</u> es | <u>N</u> o |
| 20c) Does the Applicant certify that the proposed operation will not cause interference to an authorized satellite system? ()Yes No  |                                     |                              |   |        |               |            |

Final Receiver

| 22) Receiver antenna manufacturer:                                | 23) Receiver anten                            | 23) Receiver antenna model number:   |  |  |
|---|---|--------------------------------------|--|--|
| 24) Receiver Call Sign:   |   |                                      |  |  |
| <li>25) Height to Center of RX Antenna AGL<br/>(meters):</li>     | 26) RX Antenna Beamwidth (degrees):           | 27) RX Antenna Gain (dBi):           |  |  |
| <ol> <li>Diversity RX Antenna Height AGL<br/>(meters):</li> </ol> | 29) Diversity RX Antenna Beamwidth (degrees): | 30) Diversity RX Antenna Gain (dBi): |  |  |

#### Transmit Location

| 1) Transmit Location Name: | 2) Path Number: |
|----------------------------|-----------------|
|                            |                 |

3) Action Requested: ( ) <u>A</u>dd New Passive Repeater <u>M</u>odify Existing Passive Repeater <u>D</u>elete Existing Passive Repeater

#### Passive Repeater Information

| 4) Passive Repeater Id: ( )                                      |                          | 5) Passive Repeater Se | equence Number: ( )  |
|--|--------------------------|------------------------|--|
| 6) Passive Repeater Location Name:                               |                          | I                      |  |
| 7) Passive Repeater Antenna Manufacturer:                        |                          | 8) Passive Repeater An | tenna Model Number:  |
| 9) Height to Center of Passive Repeater<br>Antenna AGL (meters): | 10) Back-to-Back RX D    | ish Gain (dBi):        | 11) Back-to-Back TX Dish Gain (dBi):                                     |
| 12) Reflector Dimensions (meters):<br>Height: Width:             | 13) Transmit Polarizatio | on:                    | <ol> <li>Azimuth to RX Location or Next Passive<br/>Repeater:</li> </ol> |

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## FCC 601 Schedule I

#### Supplement 4

**Frequency Data** 

## **Transmitter Location Information**

| 1) Transmit Location Name: | 2) Path Number: |
|----------------------------|-----------------|
|                            |                 |

#### **Frequency Information**

| 3)<br>Action A/M/D | 4)<br>Lower or Center<br>Frequency (MHZ) | 5)<br>Upper<br>Frequency<br>(MHZ) | 6)<br>Tolerance<br>(%)      | 7)<br>EIRP<br>(dBm)                              | 8)<br>Emission<br>Designator | 9)<br>Baseband<br>Digital Rate<br>(kbps) | 10)<br>Digital<br>Modulation<br>Type |
|--------------------|--|-----------------------------------|-----------------------------|--|------------------------------|--|--------------------------------------|
|                    | Existing (if mod)                        |                                   |                             |  |                              |  |                                      |
|                    | New                                      |                                   |                             |  |                              |  |                                      |
|                    | 11)<br>Transmitter Manufacturer          |                                   | 12)<br>Transmitter<br>Model | 13)<br>Automatic<br>Transmitter<br>Power Control |                              |  |                                      |
|                    |  |                                   |                             |  |                              |  |                                      |