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Submitted: 11/30/2012 at 15:57:44 File Number: 0005525515

# 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) (RO)	
	NE - NewRO - Renewal OnlyAU - Administrative UpdateNT - Required NotifiMD - ModificationRM - Renewal/ModificationWD - Withdrawal of ApplicationEX - Requests for EAM - AmendmentCA - Cancellation of LicenseDU - Duplicate LicenseRL - Registered Loc	xtension of Time
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 License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign KC3671
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).	( ) <u>Y</u> es <u>N</u> o
8)	Are attachments (other than associated schedules) being filed with this application?	( <b>N</b> ) <u>Y</u> es <u>N</u> o

#### Fees, Waivers, and Exemptions

9) Is the Applicant exempt from FCC application fees?	( <u>N</u> ) <u>Y</u> es <u>N</u> o
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)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	( <mark>N</mark> ) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule sections involved.	Number of Rule Section(s):
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	( ) <u>Y</u> es <u>N</u> o

Applicant Information 13) FCC Registration Number (FRN):							
0007749724							
14) Applicant/Licensee legal entity type: (Select One) Individual		orpora	ted As	sociation	Trust		Government Entity
Consortium General Partnership	Limite	d Liab	ility Co	mpany	Limited Lia	bility Partnersh	nip
Limited Partnership D Other (Description o	f Legal Er	ntity) _					
15) If the licensee name is being updated, is the upd to another party and for which proper Commiss provided?	ate a resu sion appr	ult fror oval h	n the s nas not	ale (or transfe been receive	r of control) of the lic d or proper notifica	cense(s) ition not	( ) <u>Y</u> es <u>N</u> o
16) First Name (if individual):	1	MI:	Last N	Name:			Suffix:
17) Legal Entity Name (if other than individual):							
CHENANGO BRIDGE FIRE CO INC							
18) Attention To:							
19) P.O. Box:	And/Or	20	) Street	Address:			
12			, 				
21) City:					22) State:	23) Zip Co	de:
CHENANGO BRIDGE					NY	13745	
24) Telephone Number:				25) FAX:			
(607)648-5742							
26) E-Mail Address:							
27) Demographics (Optional):							
Race:	Ethni		or Lot		Ge	ender:	
American Indian or Alaska Native		spanic	or Lati	INO		Male	
Asian		ot Hisp	anic 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 applicant):	erent from	1		29) FCC Reg	istration Number (FR	RN) of Real Pa	rty in Interest:
<u>I</u>							
Contact Information (If different from the applicant)							
30) First Name:		MI:	L	ast Name:			Suffix:
ERNIE			1	TARANTO			
31) Company Name:							
TRI COUNTY COMMUNICATIONS INC.							
32) Attention To:							
33) P.O. Box:	And	34)	Street	Address:			
	/Or			H STREET			
35) City:				36) State		37) 7	ip Code:
ONEONTA				NY			820
38) Telephone Number:				39) FAX:			1020
(607)432-1125				,			
				(717)33	7-9157		
40) E-Mail Address:				(717)337	7-9157		

	filing is for authorization to provide or use the following type(s) of radio service offe	rering (enter a	ii that apply):			
)	nmon Carrier ( ) <u>N</u> on-Common Carrier ( ) <u>P</u> rivate, internal communica	ations (	) <u>B</u> roadcast Servi	ices (	) <u>B</u> and <u>M</u>	anager
pe c	adio Service					
2) T	filing is for authorization to provide the following type(s) of radio service (choose al	all that apply):				
)	ed () <u>M</u> obile () <u>R</u> adiolocation () <u>S</u> ate	tellite (sound)	(	) <u>B</u> roadcast	Services	
3) D	the Applicant propose to provide service interconnected to the public telephone n	network?		(	) <u>Y</u> es	<u>N</u> o
	nership Questions (If any answer is 'Y', provide an attachment explaining the e Applicant a foreign government or the representative of any foreign government?		ices)	(	) <u>Y</u> es	No
+) is	, Applicant a foldigit government of the representative of any foldigit governmente			(	) <u>1</u> 03	<u>n</u> o
5) Is	e Applicant an alien or the representative of an alien?			(	) <u>Y</u> es	<u>N</u> o
6) Is	e Applicant a corporation organized under the laws of any foreign government?			(	) <u>Y</u> es	<u>N</u> o
ŕe	e Applicant a corporation of which more than one-fifth of the capital stock is owned sentatives or by a foreign government or representative thereof or by any corporation or country?				) <u>Y</u> es	<u>N</u> o
Í	he Applicant directly or indirectly controlled by any other corporation of which more wned of record or voted by aliens, their representatives, or by a foreign governmer poration organized under the laws of a foreign country?				( <u>)</u> Yes	5 <u>N</u> o
	e answer to 48a is 'Y', has the Applicant received a ruling(s) under Section 310(b) with respect to the same radio service involved in this application?	o)(4) of the Co	mmunications	(	) <u>Y</u> es	<u>N</u> о
	e answer to 48b is 'Y', include in the exhibit required by Item 48a the citation(s) of FCC Record citation, if available, release date, and any other identifying information		e declaratory rul	ing(s) by DA/	FCC num	ber of
	e answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a fo Communications Act. It is not necessary to file a request for a foreign ownership		pplicant include			

permit denied by the Commission?			
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	2

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 (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> 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 Co 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'.	ommis	sion's	
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> 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 Commis justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	sion's	Rules	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> 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**

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 this application, and are true, complete, correct, and made in good faith		hibits, attachments, or documents incorporated by reference are n	naterial, are part of		
4)	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)	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)	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 license(s).	n rules de	efining eligibility to hold the requested license(s), and is eligible to	hold the requested		
8)	The applicant certifies that it is not in default on any payment for Commi	ission lice	enses and that it is not delinquent on any non-tax debt owed to any	federal agency.		
•	Signature 56) Typed or Printed Name of Party Authorized to Sign					
Firs	it Name:	MI:	Last Name:	Suffix:		
D		_				

Rae	D	O'Toole	
57) Title:			
Fire Commissioner			
Signature:			58) Date:
Rae D O'Toole			11/30/2012

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).

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#### 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(1)	90.20A(1) APPLICANT IS A FIRE COMPANY. RADIOS WILL BE USED TO COORDINATE FIRE PERSONNEL & ACTIVITIES						
Frequency Coordinator Information (if not self-coordinated)							
3)	4)	5)	6)				

Frequency Coordination Number	Name of Frequency Coordinator	Telephone Number	Coordination Date	
7) Has this application been su	uccessfully coordinated?		( ) <u>Y</u> es/ <u>N</u> o	Ì

## 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 Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and S Community:	State of Parent Station Principal
13) If there is no associated pare		14) State of Primary Operation:		
C <u>a</u> ble Network Entity	aroadcast Network Entity Tele	vision <u>C</u> able Operator		
Motion Picture Producer <u>T</u>	elevision Producer			

## 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

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

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## **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						