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

Submitted: 02/04/2020 at 12:06:13

File Number: 0008965390

### 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 Service  | o Codo:                 |   | public buil                     | den estimate      |
|------|---|---|---|-------------------------|---|---------------------------------|-------------------|
| 1)   |   |   | ra) Existing Itadio Service   | e Coue.                 |   |                                 |                   |
|      | YE  |   |   |                         |   |                                 |                   |
| _    | 11.6  |   |   |                         |   |                                 |                   |
|      | eral Information  |   |   |                         |   |                                 |                   |
| 2)   | MD - Modification R   | RO - Renewal Only<br>RM - Renewal/Modificat | AU - Administrative ion WD - Withdrawal of ense DU - Duplicate Lice | Application             | NT - Required Noti<br>EX - Requests for<br>RL – Registered Le | Extension of Time               |                   |
| 3a)  | If this application is fo Authorization (STA), enter enter 'N' (Not Applicable).  | r the code and attach                       |   |                         |   | (S) <u>D M</u> <u>S</u>         | <u>N</u> /A       |
| 3b)  | If this application is for Spe<br>Refer to Rule 1.915 for an  |   |   |                         | erwise enter 'N'.   | ( ) <u>Y</u> es <u>I</u>        | <u>N</u> o        |
| 4)   | If this application is for an on file with the FCC.   | Amendment or Withd                          | rawal, enter the file numb  | er of the pending app   | lication currently  | 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. |   |   |                         |   |                                 | 0                 |
| 6)   | If this application is for a authorization expiration da  |   |   | wal/Modification, ente  | r the requested   | MMDD                            | )                 |
| 7)   | Is this application "major" applicable radio service ru applies to certain site-spec  | ules found in Parts 22                      | and 90 of the Commission  | n's Rules? (NOTE: Ti    | nis question only   | ( ) <u>Y</u> es !               | <b>N</b> o        |
| 8)   | Are attachments (other than   | n associated schedule                       | s) being filed with this app  | lication?               |   | (γ) <u>Y</u> es <u>I</u>        | <u><b>N</b></u> o |
| Fees | , Waivers, and Exemption  | s   |   |                         | '   |                                 |                   |
| 9) I | s the Applicant exempt from   | FCC application fees?                       |   |                         |   | ( <b>γ</b> ) <u><b>Y</b></u> es | <b>N</b> o        |
| 10)  | Is the Applicant exempt from  | m FCC regulatory fees                       | ?   |                         |   | · - / <del>-</del>              | <u>N</u> o        |
| 11a  | ) Does this application inclu<br>If 'Yes', attach an exhibit p  |   |   |                         |   | ( <b>N</b> ) <u>Y</u> es        | <b>N</b> o        |
| 11b  | ) If 11a is 'Y', enter the nur  | mber of rule sections in                    | volved.   |                         |   | Number of Rule Section(s):      |                   |
| 12)  | Are the frequencies or para approved by waiver, or fur  |   |   | fathered privileges, pr | eviously  | ( ) <u>Y</u> es                 | <b>N</b> o        |
|      |   |   |   |                         |   | _                               |                   |

| Applicant Information   |             |         |            |                  |                  |                   |                      |                  |                    |
|---|-------------|---------|------------|------------------|------------------|-------------------|----------------------|------------------|--------------------|
| 13) FCC Registration Number (FRN): 0001526953   |             |         |            |                  |                  |                   |                      |                  |                    |
| 14) Applicant/Licensee Legal Entity Type: (Select Or ( ) Individual ( )Unincorporated Association |             | Γrust   | ( <b>x</b> | )Government      | Entity (         | )Corpora          | tion (               | )Limited Liabili | ity Compan         |
| ( ) General Partnership ( ) Limited Partner   | ship (      | )       | Limited    | Liability Partne | ership (         | ) Cons            | ortium               |                  |                    |
| ( ) Other:  | •           | ·       |            | •                | , ,              | ·                 |                      |                  |                    |
| 15) If the Licensee name is being updated, is the up to another party and for which proper Commis | date a res  | ult fro | m the      | sale (or transfe | er of control) o | of the lice       | nse(s)               | ( ) <u>Y</u> e   | s <u>N</u> o       |
| provided?   |             |         |            |                  | ou or propor     | Tiotilloatic      |                      |                  |                    |
| 16) First Name (if individual):   |             | MI:     | Last       | Name:            |                  |                   |                      | Suffix:          |                    |
| 17) Legal Entity Name (if other than individual):   |             |         |            |                  |                  |                   |                      |                  |                    |
| SAN DIEGO, COUNTY OF  |             |         |            |                  |                  |                   |                      |                  |                    |
| 18) Attention To:   |             |         |            |                  |                  |                   |                      |                  |                    |
| 19) P.O. Box:   | And/O       | r 20    | ) Stree    | t Address:       |                  |                   |                      |                  |                    |
|   |             |         | 5595       | OVERLAND         | AVE, SUIT        | E#101             |                      |                  |                    |
| 21) City:   |             |         |            |                  | 22) State:       |                   | 23) Zip (            | Code:            |                    |
| SAN DIEGO   |             |         |            |                  | CA               |                   | 9212                 | 3                |                    |
| 24) Telephone Number:   |             |         |            | 25) FAX:         |                  |                   |                      |                  |                    |
| (858)256-2143   |             |         |            |                  |                  |                   |                      |                  |                    |
| 26) E-Mail Address:   |             |         |            |                  |                  |                   |                      |                  |                    |
| radiolicensing@sdsheriff.org  |             |         |            |                  |                  |                   |                      |                  |                    |
| 7) Demographics (Optional):   |             |         |            |                  |                  |                   |                      |                  |                    |
| Race:<br>( )American Indian or Alaska Native  | Ethni<br>(  | -       | anic or    | Latino           |                  | Gen<br>(          | <b>der:</b><br>)Male |                  |                    |
| ( )Asian  | (           | )Not F  | lispani    | c or Latino      |                  | (                 | )Female              |                  |                    |
| ( )Black or African-American  |             |         |            |                  |                  |                   |                      |                  |                    |
| ( )Native Hawaiian or Other Pacific Islander  |             |         |            |                  |                  |                   |                      |                  |                    |
| ( )White  |             |         |            |                  |                  |                   |                      |                  |                    |
| leal Party in Interest  |             |         |            |                  |                  |                   |                      |                  |                    |
| 28) Name of Real Party in Interest of Applicant (If dif Applicant):                               | ferent fron | า       |            | 29) FCC Reg      | gistration Num   | ber (FRN          | ) of Real I          | Party in Interes | st:                |
| Contact Information (If different from the Applicant)   |             |         |            | l                |                  |                   |                      |                  |                    |
| ) Check here if same as Applicant. 30) First Name:  |             | MI:     | 1.         | ast Name:        |                  |                   |                      | 10               | uffix:             |
| ANNA  |             | L L     |            | HOLMES           |                  |                   |                      | 3                | ullix.             |
| 31) Company Name:   |             | _       |            | IOLIVILO         |                  |                   |                      |                  |                    |
| SAN DIEGO, COUNTY OF  |             |         |            |                  |                  |                   |                      |                  |                    |
| 32) Attention To:   |             |         |            |                  |                  |                   |                      |                  |                    |
| 33) P.O. Box:   | And<br>/Or  | ,       |            | Address:         | AVE. SUITE       | #101              |                      |                  |                    |
| 35) City:   | I           |         |            | 36) State        |                  |                   | 37)                  | Zip Code:        |                    |
| SAN DIEGO   |             |         |            | CA               |                  |                   |                      | 92123            |                    |
| 38) Telephone Number:   |             |         |            | 39) FAX:         |                  |                   |                      |                  |                    |
| (858)256-2143<br>40) E-Mail Address:  |             |         |            |                  |                  |                   |                      |                  |                    |
| radiolicensing@sdsheriff.org  |             |         |            |                  |                  |                   |                      |                  |                    |
| Regulatory Status   |             |         |            |                  |                  |                   |                      |                  |                    |
| 41) This filing is for authorization to provide or use th   | e following | type    | (s) of ra  | adio service off | ering (enter a   | II that app       | ly):                 |                  |                    |
| ( ) <u>C</u> ommon Carrier ( ) <u>N</u> on-Common Carrie  | er (        | Privat  | te, inte   | rnal communic    | ations (         | ) <b>B</b> roadca | st Service           | s ( ) <b>B</b> a | and <u>M</u> anage |

| Γype of | f Radio Service  |                            |   |                                      |   |  |   |                                 |   |                          |                  |
|---------|--|----------------------------|---|--------------------------------------|---|--|---|---------------------------------|---|--------------------------|------------------|
| 42) Th  | nis filing is for authori                                      | ization                    | n to provide the  | following                            | g type(s) of radio ser  | vice (choos                              | se all that apply):   |                                 |   |                          |                  |
| ` /-    | Eixed  | (                          | ) <u>M</u> obile  | (                                    | ) <u>R</u> adiolocation   | (  | ) <u>S</u> atellite (sound)   | (                               | ) <u>B</u> roadcast Se                                      |                          |                  |
| 43) Do  | oes the Applicant pro  | opose                      | to provide servi  | rice interd                          | connected to the pub  | olic telepho                             | ne network?   |                                 | (   | ) <u>Y</u> es            | <u>N</u> o       |
| he Mai  | in Form Instruction  | ns for                     | the "Alien Own  | nership                              | Questions".)  |  | g the circumstances. In p   | reparin                         | ng the attachme   | nt, refe                 | r to             |
| ,       | the Applicant a forei  |                            |   |                                      | , ,   | n governm                                | ent?  |                                 | (   | ) <u><b>Y</b></u> es     | <u>N</u> o       |
|         | the Applicant an alie  |                            |   |                                      |   |  |   |                                 | (   | ) <u>Y</u> es            |                  |
|         | the Applicant a corp   |                            |   |                                      | , , ,   |  |   |                                 | (   | ) <u>Y</u> es            |                  |
| ,       |  |                            |   |                                      |   |  | vned of record or voted by a corporation organized under  |                                 | ,   | ) <u>Y</u> es<br>ountry? | <u>N</u> o       |
| is own  |  | ed by a                    | aliens or their rep   | presenta                             | atives, or by a foreigr   |  | nore than one-fourth of the ent or representative thereo  |                                 |   | ) <u>Y</u> es            | <u>N</u> o       |
| 48b) l  | If the answer to 47 o  | r 48a                      | is 'Y' select one   | e of the c                           | hoices below.   |  |   |                                 |   |                          |                  |
|         | The Applicant is ex  | xempt                      | from the provisi  | ions of S                            | Section 310(b).   |  |   |                                 |   |                          |                  |
|         |  |                            |   |                                      | ory ruling if the Applic<br>provisions of Section               |  | es in the attachment require  | ed by It                        | em 47 or Item 4   | 8a a sh                  | owing            |
|         |  |                            |   |                                      |   |  | wnership, and the applicat<br>c coverage area for which   |                                 |   |                          |                  |
|         |  | Reco                       | ord citation, if av   | ∕ailable, l                          |   |  | e citation(s) of the applical<br>that there has been no ch  |                                 |   |                          |                  |
|         | immediately above  | e; or (                    | (ii) is an "affiliate   | te" of a L                           | Licensee or Lessee/   | /Sublessee                               | ownership, but is not able<br>that received a declarator<br>ermitted under the affiliate  | y ruling                        | ı(s) under 47 CF  | FR § 1.9                 | 990(a)           |
|         | Item 48a the citation  | ion(s)                     | of the Applicant  | t's decla                            | ratory ruling(s) by D   | DA/FCC nur                               | ugust 9, 2013, include in th<br>mber, the FCC Record cita<br>ts ruling and with the Comm  | tion, if a                      | available, releas   | by Item<br>e date,       | 47 or<br>and a   |
|         | copy of a petition a<br>same radio servi<br>declaratory ruling | for de<br>rice(s)<br>pursu | eclaratory ruling<br>and geograph<br>uant to Section  | i filed coi<br>hic cover<br>1.990(a) | ntemporaneously wit<br>rage area(s) involv<br>of the Commission | th the Com<br>red in the<br>'s Rules, 4  | gust 9, 2013, include in the<br>nmission to extend the Appi<br>application. Alternatively,<br>17 CFR § 1.990(a). Petition<br>BFS) (with a copy attached h | licant's<br>, the A<br>ns for d | existing ruling(s<br>Applicant may re<br>leclaratory ruling | e) to cov<br>equest a    | er the<br>new    |
|         | Item 47 or Item 48 date, and a state Commission's Rule         | 8a the<br>ement<br>les. Ti | e citation(s) of the citation | the applic<br>icant is<br>oust also  | icable declaratory ru<br>in compliance with                     | uling(s) by L<br>the terms<br>on of comp | e of filing this application, in DA/FCC number, the FCC is and conditions of the name liance signed by the name a, as applicable.                         | Record<br>amed a                | d citation, if avai<br>affiliate's ruling                   | ilable, re<br>and wit    | elease<br>th the |
|         |  |                            |   |                                      | ruling approving its with the Commission                        |  | wnership and is requesting  | a dec                           | laratory ruling u   | nder 47                  | ' CFR            |
|         |  | uant to                    | o 47 CFR § 1.99   | 90(a). Pe                            | etitions for declarato  |  | e petition for declaratory rul<br>ay be filed electronically or   |                                 |   |                          |                  |
|         |  |                            |   |                                      |   |  |   |                                 |   |                          |                  |

#### **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><b>Y</b></u> es | <u><b>N</b></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?  If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances. | ( | ) <u>Y</u> 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 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 47 CFR § 27.1202) 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 47 CFR § 27.1202 or justify waiver of that rule. If a waiver of the Commission Rule(s) is being requested, them 11a must be answered 'Y'                             | ing a |               |            |

#### Broadband Radio Service and Educational Broadband Service (Part 27)

| 54) (For EBS only) Does the Applicant comply with the programming requirements contained in 47 CFR § 27.1203?   | (         | ) <u>Y</u> es        | <u><b>N</b></u> o |
|---|-----------|----------------------|-------------------|
| Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1203 of the Common justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'. | nission': | s Rules              |                   |
| 55) (For BRS and EBS) Does the Applicant comply with 47 CFR §§ 27.50, 27.55, and 27.1221?   | (         | ) <u><b>Y</b></u> es | <u>N</u> o        |
| <b>Note:</b> 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 Item 11a must be answered 'Y'   | being re  | queste               | d,                |

#### For Applicants Who Participated in an Auction

| [56] Is the Applicant a qualifying rural wireless partnership or a member of a qualifying rural wireless partnership?                        | (    | ) <u>Y</u> es | <u>N</u> o |
|--|------|---------------|------------|
|  |      |               |            |
| Note: If the answer to item 56 is 'V' attach an exhibit listing all members of the qualifying rural wireless partnership, including their FR | N nı | mhare         |            |

#### **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.
- 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 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 CFR § 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 CFR §§ 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

57) Typed or Printed Name of Party Authorized to Sign First Name: MI: Suffix: Last Name: **LUIS SANTIESTEBAN** 58) Title: **ENGINEER** Signature: 59) Date: **LUIS SANTIESTEBAN** 02/04/2020 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

Eligibility

## 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

| 1) Rule Section:   | 2) Describe Activity:                                      |                         |   |        |                                  |               |                             |  |
|--|--|-------------------------|---|--------|----------------------------------|---------------|-----------------------------|--|
| 90.619a1   |  |                         | OVERNMENTAL ENT<br>S FOR PUBLIC SAFE    |        |                                  |               | Ĺ                           |  |
| Frequency Coordinator  |  |                         |   |        |                                  |               |                             |  |
| 3)<br>Frequency Coordination<br>Number   | Nan  |                         | 4)<br>ency Coordinator                  |        | 5)<br>Telephone N                | umber         | 6)<br>Coordination<br>Date  |  |
|  |  |                         |   |        |                                  |               |                             |  |
| 7) Has this application been successfully coordinated? ( ) <u>Y</u> es/ <u>N</u> o |  |                         |   |        |                                  |               |                             |  |
| Extended Implementati  | on (Slow Growth)   |                         |   |        |                                  |               |                             |  |
| 8) Are you requesting a new If 'Yes', attach an exhibit                            | or modified extended im                                    |                         |   | dule.  |                                  |               | ( ) <u>Y</u> es/ <u>N</u> o |  |
|  |  |                         |   |        |                                  |               |                             |  |
| Associated Call Signs (A   | ttach additional shee                                      | ets if requ             | ired)                                   |        |                                  |               |                             |  |
| 9)<br><b>WPLW596</b>   | WQIJ445  | WPL                     | .W627                                   | WPNP22 | 22                               | WPMG349       | ı                           |  |
|  |  |                         |   |        |                                  |               |                             |  |
|  |  |                         |   |        |                                  |               |                             |  |
| 9)   |  |                         |   |        |                                  |               |                             |  |
| WPYR585  |  |                         |   |        |                                  |               |                             |  |
|  |  |                         |   |        |                                  |               |                             |  |
|  |  |                         |   |        |                                  |               |                             |  |
|  |  |                         |   |        |                                  |               |                             |  |
| Broadcast Auxiliary Only   |  |                         |   |        |                                  |               |                             |  |
| If there is an associated<br>Parent Station, complete<br>Items 10-12.              | 10) Facility Id o  |                         | 11) Radio Service of<br>Parent Station: |        | ) City and State or<br>ommunity: | f Parent Sta  | ition Principal             |  |
|  |  |                         |   |        |                                  |               |                             |  |
| 13) If there is no associated p<br>C <u>a</u> ble Network Entity                   | arent station, this Applica <u>B</u> roadcast Network Enti | nt is a:()<br>ty  Tel   | evision <u>C</u> able Operator          |        | 14) Sta                          | ate of Primar | y Operation:                |  |
| <u>L</u> arge Venue Owner or Ope<br><u>P</u> rofessional Sound Compa               |  | cture Produ<br>Producer | cer                                     |        |                                  |               |                             |  |
|  |  |                         |   |        |                                  |               |                             |  |

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** 

| Antoman | 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) |              | ` ,       |
| À/M/D   |                     |         | , ,      | , ,         | , ,       | , , ,     |              |           |
|         |                     |         |          |             |           |           |              |           |
|         |                     |         |          |             |           |           |              |           |
|         |                     |         |          |             |           |           |              |           |
|         |                     |         |          |             |           |           |              |           |
|         |                     |         |          |             |           |           |              |           |
|         |                     |         |          |             |           |           |              |           |
|         | Y .                 |         |          |             |           |           |              |           |

## **Frequency Information**

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

# Attachment(s):

| Туре | Description         | Date Entered |
|------|---------------------|--------------|
| 0    | STA Renewal Request | 02/04/2020   |