

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

Submitted: 08/08/2017 at 23:16:02
 File Number: 0007883608

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
 public burden estimate

1) Radio Service Code: PW	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (MD) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a D evelopmental License, D emonstration License, or a S pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' N ' (Not Applicable).	(N) D M S N/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.	() Yes No
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 KEC992
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).	(Y) Yes No
8) Are attachments (other than associated schedules) being filed with this application?	(N) Yes No

Fees, Waivers, and Exemptions

9) Is the Applicant exempt from FCC application fees?	(Y) Yes No
10) Is the Applicant exempt from FCC regulatory fees?	(Y) Yes No
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.	(N) Yes No
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?	(N) Yes No

Applicant Information

13) FCC Registration Number (FRN): 0003397320			
14) Applicant/Licensee Legal Entity Type: (Select One) () Individual () Unincorporated Association () Trust (<input checked="" type="checkbox"/>) Government Entity () Corporation () Limited Liability Company () General Partnership () Limited Partnership () Limited Liability Partnership () Consortium () Other: _____			
15) If the Licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> No
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): GATES FIRE DISTRICT			
18) Attention To: FIRE CHIEF			
19) P.O. Box:	And/Or	20) Street Address: 2355 CHILI AVE	
21) City: ROCHESTER	22) State: NY	23) Zip Code: 14624	
24) Telephone Number: (585)426-2720		25) FAX: (585)426-7444	
26) E-Mail Address:			

27) Demographics (Optional):

Race: () American Indian or Alaska Native () Asian () Black or African-American () Native Hawaiian or Other Pacific Islander () White	Ethnicity: () Hispanic or Latino () Not Hispanic or Latino	Gender: () Male () Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from Applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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Contact Information (If different from the Applicant)**() Check here if same as Applicant.**

30) First Name: Mike	MI:	Last Name: Saia	Suffix:
31) Company Name: Saia Communications			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 100 Stradtman St	
35) City: Buffalo	36) State: NY	37) Zip Code: 14206	
38) Telephone Number: (716)892-2900		39) FAX: (716)892-2983	
40) E-Mail Address: mike.saia@saiacomm.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): () <u>Common Carrier</u> () <u>Non-Common Carrier</u> (<input checked="" type="checkbox"/>) <u>Private</u> , internal communications () <u>Broadcast Services</u> () <u>Band Manager</u>			
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Basic Qualification Questions

49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> <u>No</u>
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?	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> <u>No</u>
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?	(<input type="radio"/>) <u>Yes</u> <input type="radio"/> <u>No</u>

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

Aeronautical Advisory Station (Unicom) Certification

52) (<input type="checkbox"/>) 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?	(<input type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>
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?	(<input type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1202 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 47 CFR § 27.1203?	(<input type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>
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Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with 47 CFR § 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 47 CFR §§ 27.50, 27.55, and 27.1221?	(<input type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>
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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'.

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?	(<input type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>
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Note: If the answer to item 56 is 'Y', attach an exhibit listing all members of the qualifying rural wireless partnership, including their FRN numbers.

General Certification Statements

1) The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
2) The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3) The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4) The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to § 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, 47 CFR § 1.2002(c). See 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: James	MI:	Last Name: Harrington	Suffix:
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58) Title: Fire Chief

Signature: James Harrington	59) Date: 08/08/2017
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FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

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

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

**FCC 601
Schedule D**

**Wireless Telecommunications Bureau and/or
Public Safety and Homeland Security Bureau
Schedule for Station Locations and Antenna Structures**

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

1) Action Requested: (A) A dd M od D el		2) Location Number: 3	
3) Location Description: Mobile		4) Area of Operation Code: P	5) Location Name:
6) FCC Antenna Structure Registration Number, FCC 854 File Number or N/A: N/A			
7) Latitude (DD-MM-SS.S): 43-08-32.8		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 077-44-09.0
			NAD83 (W) <u>E</u> or <u>W</u>
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City: Gates	11) State: NY		12) County/Borough/Parish: MONROE
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km): 32.0	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		NAD83 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --
			NAD83 () <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada? (Y) Yes No			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (N) Yes No			
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: _____			
27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () Yes No			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? () Yes No			

**FCC 601
Schedule D**

**Wireless Telecommunications Bureau and/or
Public Safety and Homeland Security Bureau
Schedule for Station Locations and Antenna Structures**

Approved by OMB

3060 - 0798

See 601 Main Form Instructions
for public burden estimate

1) Action Requested: (A) A dd M od D el		2) Location Number: 4	
3) Location Description: Mobile		4) Area of Operation Code: P	5) Location Name:
6) FCC Antenna Structure Registration Number, FCC 854 File Number or N/A: N/A			
7) Latitude (DD-MM-SS.S): 43-07-39.4		NAD83 (N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 077-39-55.1
			NAD83 (W) <u>E</u> or <u>W</u>
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City: Gates	11) State: NY		12) County/Borough/Parish: MONROE
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km): 32.0	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		NAD83 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --
			NAD83 () <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada? (Y) Yes No			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (N) Yes No			
27a) If the site is located in one of the Quiet Zones listed in Item 27b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: _____			
27b) Has the Applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () Yes No			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? () Yes No			

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

Eligibility

1) Rule Section: 90.20a	2) Describe Activity: FIRE DEPARTMENT RENDERING EMERGENCY FIRE AND RESCUE SERVICES
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Frequency Coordinator Information (if not self-coordinated)

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
PS20170500809	International Municipal Signal Associati	(717)398-0822	07/31/2017
7) Has this application been successfully coordinated?			(Y) <u>Yes</u> / <u>No</u>

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	(N) <u>Yes</u> / <u>No</u>
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Associated Call Signs (Attach additional sheets if required)

9)				
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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 State of Parent Station Principal Community:
13) If there is no associated parent station, this Applicant is a: () <input type="checkbox"/> Cable Network Entity <input type="checkbox"/> Broadcast Network Entity <input type="checkbox"/> Television <input type="checkbox"/> Cable Operator <input type="checkbox"/> Large Venue Owner or Operator <input type="checkbox"/> Motion Picture Producer <input type="checkbox"/> Professional Sound Company <input type="checkbox"/> Television Producer			14) State of Primary Operation:

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

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

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
A	3	1	Existing (if Mod) 000458.96250000	New	MO	1		6.000	6.000	11K2F3E (A), 8K10F1D (A), 8K10F1E (A)
A	4	1	Existing (if Mod) 000465.53750000	New	MO	1		6.000	6.000	11K2F3E (A), 8K10F1D (A), 8K10F1E (A)