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Submitted: 03/21/2016 at 17:28:53 File Number: 0007196673

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:	1a) Existing Radio Service Code:			
	PW				
Gen	eral Information				
2)	(Select only one) (MD) NE - New RO - Renewal Only MD - Modification RM - Renewal/Modification CA - Cancellation of Li	AU - Administrative Update ation WD - Withdrawal of Application icense DU - Duplicate License	NT - Required Not EX - Requests for RL – Registered L	Extension of Time	,
3a)	If this application is for a <u>D</u> evelopmental Authorization (STA), enter the code and attach enter ' <u>N</u> ' (Not Applicable).	License, De <u>m</u> onstration License, or an the required exhibit as described in the instance.	Special Temporary tructions. Otherwise	(N) <u>D</u> M	<u>S</u> <u>N</u> /A
3b)	If this application is for Special Temporary Author Refer to Rule 1.915 for an explanation of situation	ority due to an emergency situation, enter 'Y'; ons considered to be an emergency.	otherwise enter 'N'.	() <u>Y</u> es	<u>N</u> o
4)	If this application is for an Amendment or Without on file with the FCC.	drawal, enter the file number of the pending	application currently	File Numb	er
5)	If this application is for a Modification, Renewa License, or Administrative Update, enter the cal If this is a request for Registered Location/Link,	Il sign of the existing FCC license.	•	Call Sig	
6)	If this application is for a New, Amendment, authorization expiration date (this item is optional)		enter the requested	MM [DD
7)	Is this application "major" as defined in §1.929 applicable radio service rules found in Parts 22 applies to certain site-specific applications. See	2 and 90 of the Commission's Rules? (NOTE	E: This question only	() <u>Y</u> es	<u>N</u> o
8)	Are attachments (other than associated schedule	es) being filed with this application?		() <u>Y</u> es	<u>N</u> o
	, Waivers, and Exemptions				
9) I	s the Applicant exempt from FCC application fees	s?		() <u>Y</u> es	<u>N</u> o
10)	Is the Applicant exempt from FCC regulatory fee:	ss?		() <u>Y</u> es	<u>N</u> o
11a) Does this application include a request for a Walf 'Yes', attach an exhibit providing rule number(() <u>Y</u> es	<u>N</u> o
) If 11a is 'Y', enter the number of rule sections			Number of Rule Section(s):	
12)	Are the frequencies or parameters requested in approved by waiver, or functionally integrated w		s, previously	(<u>)Y</u> es	<u>N</u> o

pplicant Information							
13) FCC Registration Number (FRN): 0002566040							
14) Applicant/Licensee Legal Entity Type: (Select On	ne)						
() Individual ()Unincorporated Association	n ()T	rust (x)Government	Entity ()	Corporation	()Limited Liability Compar	
() General Partnership () Limited Partner	ship () Lim	ited Liability Partn	ership () Consorti	um	
() Other:							
15) If the Licensee name is being updated, is the up							
to another party and for which proper Commis provided?	ssion appr	ovai nas	not been receive	ea or proper r	notification r	lot	
16) First Name (if individual):		MI: La	ast Name:			Suffix:	
17) Legal Entity Name (if other than individual):							
IOWA, STATE OF							
(8) Attention To:							
PUBLIC SAFETY DEPT							
19) P.O. Box:	And/O	,	reet Address:				
	1	59	12 SECOND A				
21) City:				22) State:) Zip Code:	
DES MOINES			05) 547	IA		50313	
24) Telephone Number:			25) FAX:				
(515)281-8804 26) E-Mail Address:			(515)28	81-6761		_	
fish@dps.state.ia.us	4						
) Demographics (Optional): Race:	Ethni	citv:			Gender		
)American Indian or Alaska Native			or Latino	or Latino ()Male			
)Asian	(x)	Not Hisp	anic or Latino		emale		
)Black or African-American							
)Native Hawaiian or Other Pacific Islander							
)White							
eal Party in Interest							
28) Name of Real Party in Interest of Applicant (If diff Applicant):	ferent from	1	29) FCC Reg	gistration Numb	per (FRN) of	Real Party in Interest:	
ontact Information (If different from the Applicant)) Check here if same as Applicant.		_	_				
30) First Name:		MI:	Last Name:			Suffix:	
Les			Fish				
31) Company Name:							
Iowa State Patrol Communications 32) Attention To:							
2) Alternor To.							
33) P.O. Box:	And /Or	1 '	eet Address: 2 NW 2nd St				
5) City:		<u> </u>	36) State	e:		37) Zip Code:	
Des Moines			IA			50313-1307	
8) Telephone Number:			39) FAX:				
(515)281-3175			(515)28	1-6761			
			i				
0) E-Mail Address:							

/pe 12)	This filing is for	authorization to provide th	e followir	ng type(s) of radio serv	rice (ch	oose all that apply):					
) <u>F</u> ixed	(X) <u>M</u> obile	()Radiolocation	() <u>S</u> atellite (sound)	() <u>B</u> roadc	ast Ser	vices	
13) [Does the Applic	ant propose to provide se	rvice inte	rconnected to the pub	ic telep	none network?			(N) <u>Y</u> es	<u>N</u> o
		uestions (If any answer i uctions for the "Alien O			explain	ing the circumstances.	In prepa	ring the at	tachm	ent, re	fer to
		a foreign government or t			goverr	iment?			(N) <u>Y</u> es	<u>N</u> o
5) I	s the Applicant	an alien or the representa	tive of ar	alien?					(N) <u>Y</u> es	<u>N</u> o
6) I	s the Applicant	a corporation organized u	inder the	laws of any foreign go	vernme	nt?			(N) <u>Y</u> es	<u>N</u> o
						owned of record or voted y corporation organized u			(N oreign o) <u>Y</u> es country	
s ov	vned of record of		represent	tatives, or by a foreign		n more than one-fourth of ment or representative the			(N) <u>Y</u> es	s <u>N</u> o
48b) If the answer	to 47 or 48a is 'Y' select of	one of the	choices below.							
	The Applicat	nt is exempt from the prov	risions of	Section 310(b).							
		essary to file a petition for uested license(s) is exemp				des in the attachment requ	uired by	Item 47 or	Item 48	8a a sh	nowing
						ownership, and the applic ic coverage area for whi					
	number, the		available,			e citation(s) of the applic t that there has been no					
	immediately the Commis	above; or (ii) is an "affilia	ite" of a l 1.990(a)	icensee or Lessee/Su, and is relying on the	ibLesse affiliate	n ownership, but is not a e that received a declarat 's ruling for purposes of fi	tory rulin	ıg(s) under	Section	n 1.990	0(a) of
	Item 48a the	e citation(s) of the Applica	nt's decla	aratory ruling(s) by DA	/FCC n	August 9, 2013, include in umber, the FCC Record c f its ruling and with the Co	itation, i	f available,			
	copy of a pe same radio declaratory	etition for declaratory rulin service(s) and geograp ruling pursuant to Section	g filed co hic covei 1.990(a)	ntemporaneously with rage area(s) involved of the Commission's	the Co in the Rules, 4	igust 9, 2013, include in a mmission to extend the A application. Alternative Properties of the application. Peti (IBFS) (with a copy attach	oplicant' ly, the i tions for	s existing r Applicant r declaratory	uling(s) nay red	to cov quest	er the a
	Item 47 or I date, and a Commission	tem 48a the citation(s) of a statement that the App a's Rules. The Applicant	the appl plicant is must also	icable declaratory rulii in compliance with to include a certification	ng(s) by the term n of com	es of filing this application, DA/FCC number, the FC as and conditions of the apliance signed by the national form Instructions for Items	C Reco named med affil	rd citation, affiliate's liate or othe	if avail ruling a er quali	able, re and wi	elease th the
						ownership and is request contemporaneously with the			uling u	nder S	ection
	Commission	pursuant to Section 1.9	90(a) of	the Commission's Ru	les, 47	ne petition for declaratory C.F.R. § 1.990(a). Petiti (IBFS) (with a copy attach	ons for	declaratory			

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?	(N) <u>Y</u> es	<u>N</u> o
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	(N) <u>Y</u> es	<u>N</u> o
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	⁽ N) <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 (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	ommis	ssion'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	() <u>Y</u> es <u>N</u> o
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 Comm	ission's	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 'V'	•	

General Certification Statements

- 1) The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.*

 *If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 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:
LESLIE		FISH	
57) Title: CHIEF COMMUNICATIONS ENGINEER			
Signature:		58) [ate:
LESLIE FISH		03/21	/2016

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 See 601 Main Form Instructions

Approved by OMB 3060 - 0798

for public burden estimate

1) Action Requested: ()	<u>A</u> dd	<u>M</u> od <u>D</u> el	2) Location Number:			
3) Location Description:	Location Description: 4) Area of Operation Code: 5) Location Name:					
6) FCC Antenna Structure Registra	ation Num	ber, FCC 854 File Nur	nber or N/A: N/A			
7) Latitude (DD-MM-SS.S):		NAD83 () <u>N</u> or <u>S</u>	8) Longitude (DDD-M	M-SS.S): NAD83 () <u>E</u> or <u>W</u>		
9) Street Address, Name of Landin	g Area, oi	r Other Location Descr	ription:			
10) City:		11) State:		12) County/Borough/Parish:		
13) Elevation of Site AMSL (meters ('a' in antenna structure examp		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:	l					
17) Location Number: (only for Area of Operation Code 'A')	18) Radius	s (km):	19) Airport Identifier:	20) Site Status:		
21) Maximum Latitude (DD-MM-SS Use for rectangle only (Northwest co		NAD83 () <u>N</u> or <u>S</u>	22) Maximum Longitu Use for rectangle only	ude (DDD-MM-SS.S): NAD83 (Northwest corner) () E or W		
23) Do you propose to operate in a	n area tha	at requires frequency of	coordination with Canad	da? () <u>Y</u> es <u>N</u> o		
24) Description: (only for Area of C	peration (Code 'O')				
25) Number of Units:Ha	and Held	Mobile	Temporary Fixed	AircraftItinerant		
26) Would a Commission grant of a environmental effect? See Sec If 'Yes', submit an environment	tion 1.130	7 of 47 CFR.	-			
27a) If the site is located in one of proper Quiet Zone entity was			7b of the Instructions, p	provide the date (mm/dd/yyyy) that the		
27b) Has the Applicant obtained pr specified in this application?	ior written	consent from the prop	per Quiet Zone entity fo	or the same technical parameters that are () <u>Y</u> es <u>N</u> o		
28) Do you propose to operate in a	n area tha	at requires frequency o	coordination with Mexic	co? () <u>Y</u> es <u>N</u> o		

FCC 601 Schedule H

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

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

Eligibility						
1) Rule Section	n:	2) Describe Activity: STATE POLICE AC	TIVITIES			
90.20A		OTATE TO ELOC AC	, iiviiileo			
		rmation (if not self-coording	nated)			
3 Frequency (Nun	Coordination	Name of Frequency	4) uency Coordinator		5) ne Number	6) Coordination Date
7) Has this app	plication been succe	essfully coordinated?		1		() <u>Y</u> es/ <u>N</u> o
	nplementation (S					
		odified extended implementati justification and a proposed	ion plan? station construction schedule.			() <u>Y</u> es/ <u>N</u> o
Associated C	all Signs (Attach	additional sheets if requ	uired)			
9)	lan orgino (Attaon	addinional oncolo ii roq				
,						
Broadcast Au	ıxiliary Only					
If there is an a Parent Station		10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and Sta Community:	te of Parent	Station Principal
Items 10-12.	, complete	Clation.	r dronk Otduorn	Community:		
13) If there is no C <u>a</u> ble Netw		station, this Applicant is a:(adcast Network Entity Te)) elevision <u>C</u> able Operator	14	1) State of Prin	nary Operation:
	Owner or Operator					
<u>P</u> rofessional S	Sound Company	<u>T</u> elevision Producer				
Control Boint	(c) (Other than a	t the transmitter) (Atten	ch additional sheets if req	uuirad)		
15)	16)	Time transmitter) (Attac	17)	luirea)		18)
Action A/M/D	Control Point Number	Street Address, 0	Location City or Town, County/Borough,	/Parish, State		Telephone Number

Antenna Information

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

Frequency Information

28) Action () A/M/D	29) Location Number	30) Antenna Number			32) 33) Station No. of Class Units		34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
	1	1	Existing (if Mod) 000453.70000000	New	FB2T	4		10.000	20.000	11K2F3E (M)
	2	1	Existing (if Mod) 000453.95000000	New	FB2T	4		10.000	20.000	11K2F3E (M)
	3	1	Existing (if Mod) 000458.70000000	New	МО	600		2.000	2.000	11K2F3E (M)
	4	1	Existing (if Mod) 000458.95000000	New	МО	600		2.000	2.000	11K2F3E (M)