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

Submitted: 09/13/2013 at 13:36:27 File Number: 0005931076

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: IG

FCC 601

Main Form

1a) Existing Radio Service Code:

General Information

2)	(Select only one) (RO)	
	NE - New RO - Renewal Only AU - Administrative Update NT - Required	
		for Extension of Time
	AM - Amendment CA - Cancellation of License DU - Duplicate License RL – Register	ed Location/Link
3a)	If this application is for a <u>D</u> evelopmental License, $De\underline{m}$ onstration License, or a <u>S</u> pecial Tempor Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherw enter ' <u>N</u> ' (Not Applicable).	
3b)	If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'I 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 currer on file with the FCC.	tly File Number
5)	If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplic	ate Call Sign
	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.	WPMR967
6)	If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the request	ied MM DD
	authorization expiration date (this item is optional).	
7)	Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with	
	applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question o applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	nly
8)	Are attachments (other than associated schedules) being filed with this application?	(N) <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?	(N) <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.	(<u>N)Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule sections involved.	Number of Rule Section(s): 0
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):							
0006235527							
14) Applicant/Licensee legal entity type: (Select One) Individual Corporation	Uninco	orporate	ed Asso	ciation	Trust		Government Entity
Consortium General Partnership	Limited	d Liabil	ity Com	bany	Limited	d Liability Partne	rship
Limited Partnership Other (Description of L	ogal En	stits/)					
 15) If the licensee name is being updated, is the updated to another party and for which proper Commission provided? 	e a resu	ult from					N) <u>Y</u> es <u>N</u> o
16) First Name (if individual):	Ν	VII:	Last Na	me:			Suffix:
17) Legal Entity Name (if other than individual):							
UNITED PARCEL SERVICE							
18) Attention To:							
Todd Pitman							
19) P.O. Box:	And/Or	20)	Street A	ddress:			
		Ş	911 Gra	de Lane B	ldg. 113		
21) City:					22) State:	23) Zip (Code:
Louisville					KY	40213	3
24) Telephone Number:				25) FAX:		I	
(502)359-1431				(502)35	9-1407		
26) E-Mail Address:							
tpitman@ups.com							
27) Demographics (Optional):							
27) Demographics (Optional): Race:	Ethnie	city:				Gender:	
American Indian or Alaska Native		spanic	or Latino)		☐ ^{Male}	
Asian		Not Hispanic or Latino					
 ☐ 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	ent from	1	2	9) FCC Regi	stration Numbe	r (FRN) of Real I	Party in Interest:
applicant):				, .			
Contact Information (If different from the applicant)			<u> </u>				
30) First Name:		MI:	Las	t Name:			Suffix:
31) Company Name:							I
32) Attention To:							
33) P.O. Box:	And /Or	34) S	treet Ad	dress:			
35) City:				36) State:		37)	Zip Code:
38) Telephone Number:			3	39) FAX:			
40) E-Mail Address:							

+1)	This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):			
() <u>C</u> ommon Carrier () <u>N</u> on-Common Carrier () <u>P</u> rivate, internal communications () <u>B</u> roadcast Services	()	<u>B</u> and <u>M</u> a	inagei
ype	e of Radio Service			
	This filing is for authorization to provide the following type(s) of radio service (choose all that apply):			
)Eixed ()Mobile ()Radiolocation ()Satellite (sound) ()Broadc	ast Se	ervices	
, 43)	Does the Applicant propose to provide service interconnected to the public telephone network?	() <u>Y</u> es	<u>N</u> o
	n Ownership Questions (If any answer is 'Y', provide an attachment explaining the circumstances)			
4)	Is the Applicant a foreign government or the representative of any foreign government?	() <u>Y</u> es	<u>N</u> o
5)	Is the Applicant an alien or the representative of an alien?	() <u>Y</u> es	<u>N</u> o
6)	Is the Applicant a corporation organized under the laws of any foreign government?	() <u>Y</u> es	<u>N</u> o
	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 foreign country?	() <u>Y</u> es	<u>N</u> o
184	b) 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, 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> es	<u>N</u> o
18t	b) If the answer to 48a is 'Y', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application?	() <u>Y</u> es	<u>N</u> o
	If the answer to 48b is 'Y', include in the exhibit required by Item 48a the citation(s) of the applicable declaratory ruling(s) by the FCC Record citation, if available, release date, and any other identifying information.	DA/FC	CC numb	er of
	If the answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Se the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the e Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).			

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?	() <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-Ownership53a) Will the requested facilities be used to provide multichannel video programming service?

53a) will the requested facilities be used to provide multichannel video programming service?	() <u>r</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 C 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'.		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 Commi	ssion's	Rules of	or

55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? ()Yes No 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'.

justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

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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		chibits, attachments, or documents incorporated by reference are r	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)	The applicant certifies that the facilities, operations, and transmitters for environmental evaluation for RF exposure as set forth in 47 C.F.R. 1 radiation in excess of the limits specified in 47 C.F.R. 1.1310 and Commission.	.1307(b)	; or, (2) have been found not to cause human exposure to levels	s of radiofrequency			
7)	The applicant certifies that it has reviewed the appropriate Commission license(s).	n rules d	efining eligibility to hold the requested license(s), and is eligible to	hold the requested			
8)	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.						
	ature Typed or Printed Name of Party Authorized to Sign						
Firs	First Name: MI: Last Name: Suffix:						

John			Mahanna	
57) Title:				
Signature:				58) Date:
John	Mahanna			09/13/2013

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:
90.35A1	APPLICANT IS A DELIVERY SERVICE. THE RADIOS WILL BE USED TO COORDINATE THE ESSENTIAL ACTIVITIES OF THE BUSINESS

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 so	uccessfully coordinated?		() <u>Y</u> es/ <u>N</u> o

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)

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 part		14) State of Primary Operation:		
Cable Network Entity	Broadcast Network Entity Tele	evision <u>C</u> able Operator		
Motion Picture Producer	Television 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

/ internita in									
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						