

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

Submitted: 12/29/2010 at 17:10:07
 File Number: 0004549925

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 MD - Modification AM - Amendment	RO - Renewal Only RM - Renewal/Modification CA - Cancellation of License	AU - Administrative Update WD - Withdrawal of Application DU - Duplicate License	NT - Required Notifications EX - Requests for Extension of Time 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.				() Y es N 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 WPNR804
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) Y es N o
8)	Are attachments (other than associated schedules) being filed with this application?				(N) Y es N o

Fees, Waivers, and Exemptions

9)	Is the Applicant exempt from FCC application fees?	(Y) Y es N o
10)	Is the Applicant exempt from FCC regulatory fees?	(Y) Y es N 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.	(N) Y es N 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?	(N) Y es N o

Applicant Information

13) FCC Registration Number (FRN): 0002877181			
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> <input checked="" type="checkbox"/> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): HARRISON, COUNTY OF			
18) Attention To: SHERIFFS OFFICE			
19) P.O. Box:	And/Or	20) Street Address: 1815 21ST STREET	
21) City: CORYDON	22) State: IN	23) Zip Code: 47112	
24) Telephone Number: (812)738-2195		25) FAX: (812)738-4917	
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 (<input checked="" type="checkbox"/>) 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: MARCIE	MI:	Last Name: ANDERSON	Suffix:
31) Company Name: HAWKEYE LICENSING			
32) Attention To: MARCIE ANDERSON			
33) P.O. Box: 655	And /Or	34) Street Address: 1421 LEXINGTON ROAD	
35) City: CRESTWOOD	36) State: KY	37) Zip Code: 40014	
38) Telephone Number: (502)641-8346		39) FAX: (502)589-4276	
40) E-Mail Address: MARCIE@HAWKEYELICENSING.NET			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

()Common Carrier ()Non-Common Carrier ()Private, internal communications ()Broadcast Services ()Band Manager**Type of Radio Service**

42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply):

()Fixed ()Mobile ()Radiolocation ()Satellite (sound) ()Broadcast Services43) Does the Applicant propose to provide service interconnected to the public telephone network? ()Yes ()No**Alien Ownership Questions (If any answer is 'Y', provide an attachment explaining the circumstances)**44) Is the Applicant a foreign government or the representative of any foreign government? ()Yes ()No45) Is the Applicant an alien or the representative of an alien? ()Yes ()No46) Is the Applicant a corporation organized under the laws of any foreign government? ()Yes ()No47) 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? ()Yes ()No48a) 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? ()Yes ()No48b) 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? ()Yes ()No

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 DA/FCC number of the FCC Record citation, if available, release date, and any other identifying information.

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 Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the exhibit required by Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).

Basic Qualification Questions49) 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? ()Yes ()No50) 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? ()Yes ()No51) 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? ()Yes ()No

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

Aeronautical Advisory Station (Unicom) Certification52) () 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? ()Yes ()No53b) 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? ()Yes ()No**Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 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'.****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? ()Yes ()No**Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 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 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'.**

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.
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 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.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: MIKE	MI: R	Last Name: DEATRICK	Suffix:
57) Title: SHERIFF			
Signature: MIKE R DEATRICK			58) Date: 12/29/2010
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).			

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

1) Action Requested: (<input type="radio"/> A) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Mod <input type="checkbox"/> Del		2) Location Number: 4	
3) Location Description: Fixed		4) Area of Operation Code:	5) Location Name: CENTRAL
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): 1230779			
7) Latitude (DD-MM-SS.S): 38-05-49.2		NAD83 (<input type="checkbox"/> N) <input type="checkbox"/> <u>N</u> or <input type="checkbox"/> <u>S</u>	8) Longitude (DDD-MM-SS.S): 086-09-18.6
NAD83 (<input type="checkbox"/> W) <input type="checkbox"/> <u>E</u> or <input type="checkbox"/> <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description: 1090 HETH WASHINGTON ROAD SW			
10) City: CORYDON	11) State: IN	12) County/Borough/Parish: HARRISON	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 205.4	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 91.4	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 96.0	
16) Support Structure Type: TOWER			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		NAD83 (<input type="checkbox"/>) <input type="checkbox"/> <u>N</u> or <input type="checkbox"/> <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --
NAD83 (<input type="checkbox"/>) <input type="checkbox"/> <u>E</u> or <input type="checkbox"/> <u>W</u>			
23) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>			
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. (<input checked="" type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>			
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? (<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>			

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

1) Action Requested: (<input type="radio"/> A) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Mod <input type="checkbox"/> Del		2) Location Number: 5	
3) Location Description: Fixed		4) Area of Operation Code:	5) Location Name: FRENCHTOWN
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 38-19-00.8		8) Longitude (DDD-MM-SS.S): 086-13-12.9	NAD83 (<input type="checkbox"/> N) <input type="checkbox"/> <u>N</u> or <input type="checkbox"/> <u>S</u>
9) Street Address, Name of Landing Area, or Other Location Description: .13 MI E OF 337 ON MILLTOWN FRENCHTOWN RD NW			
10) City: CORYDON		11) State: IN	12) County/Borough/Parish: HARRISON
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 243.2		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 15.3	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 21.4
16) Support Structure Type: TOWER			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		NAD83 (<input type="checkbox"/>) <input type="checkbox"/> <u>N</u> or <input type="checkbox"/> <u>S</u>	
		NAD83 (<input type="checkbox"/>) <input type="checkbox"/> <u>E</u> or <input type="checkbox"/> <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>			
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. (<input checked="" type="checkbox"/>) <u>Yes</u> <input type="checkbox"/> <u>No</u>			
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? (<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="checkbox"/>) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>			

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

1) Action Requested: (<input checked="" type="radio"/> A) <input type="radio"/> Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 6	
3) Location Description: Fixed		4) Area of Operation Code:	5) Location Name: LANESVILLE
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 38-14-16.0		8) Longitude (DDD-MM-SS.S): 085-58-40.7	NAD83 (<input type="checkbox"/> N) <input type="checkbox"/> <u>N</u> or <input type="checkbox"/> <u>S</u>
9) Street Address, Name of Landing Area, or Other Location Description: .28 MI S OF TANDY RD AND MAIN ST NE			
10) City: CORYDON	11) State: IN	12) County/Borough/Parish: HARRISON	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 253.6	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 45.7	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 51.8	
16) Support Structure Type: TOWER			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
NAD83 (<input type="checkbox"/>) <input type="checkbox"/> <u>N</u> or <input type="checkbox"/> <u>S</u>		NAD83 (<input type="checkbox"/>) <input type="checkbox"/> <u>E</u> or <input type="checkbox"/> <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> 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. (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> 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? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			

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

1) Action Requested: (<input type="radio"/> A) <input checked="" type="radio"/> Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 7	
3) Location Description: Fixed		4) Area of Operation Code:	5) Location Name: GOVT CENTER
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 38-12-16.0		8) Longitude (DDD-MM-SS.S): 086-07-21.4	
9) Street Address, Name of Landing Area, or Other Location Description: 245 ATWOOD ST			
10) City: CORYDON		11) State: IN	12) County/Borough/Parish: HARRISON
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 204.2		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 54.9	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 61.0	
16) Support Structure Type: TOWER			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	19) Airport Identifier:
			20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
23) Do you propose to operate in an area that requires frequency coordination with Canada? () <input type="radio"/> Yes <input checked="" type="radio"/> 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. (<input checked="" type="radio"/> N) <input type="radio"/> Yes <input checked="" type="radio"/> 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? () <input type="radio"/> Yes <input checked="" type="radio"/> No			
28) Do you propose to operate in an area that requires frequency coordination with Mexico? () <input type="radio"/> Yes <input checked="" type="radio"/> No			

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

Eligibility

1) Rule Section: 90.20	2) Describe Activity: COUNTY SHERIFFS OFFICE PROVIDING PUBLIC SAFETY SERVICES TO BUSINESSES & INDIVIDUALS
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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
24PWAP300221506	Associated Public Safety Com Officers Inc	(386)322-2500	12/17/2010
7) Has this application been successfully coordinated?			(<input checked="" type="checkbox"/>) <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.	(<input type="checkbox"/>) <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 checked="" type="checkbox"/> Broadcast Network Entity <input type="checkbox"/> Television <input type="checkbox"/> Cable Operator <input checked="" type="checkbox"/> Motion Picture Producer <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
M	1	1445 GARDENER LN NW CORYDON, HARRISON, IN	(812)738-2195
A	3	245 ATWOOD ST CORYDON, HARRISON, IN	(812)738-2195

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)
A	4	1	59.0	46.0				
A	5	1	56.6	21.4				
A	6	1	89.7	51.8				
A	7	1	55.4	61.0				

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
	1	1	Existing (if Mod) 000155.92500000	New	FB2	1		50.000	72.000	20K0F3E, 11K0F3E (A), 7K60FXE (A)
M	2	1	Existing (if Mod) 000153.92000000	New	MO	100		100.000	100.000	20K0F3E, 11K0F3E (A), 7K60FXE (A)
M	2	1	Existing (if Mod) 000155.92500000	New	MO	100		100.000	100.000	20K0F3E, 11K0F3E (A), 7K60FXE (A)
	3	1	Existing (if Mod) 000155.92500000	New	FB2	1		50.000	100.000	20K0F3E, 11K0F3E (A), 7K60FXE (A)
A	4	1	Existing (if Mod) 000155.92500000	New	FB2	1		50.000	50.000	11K0F3E (A), 20K0F3E (A), 7K60FXE (A)
A	5	1	Existing (if Mod) 000155.92500000	New	FB2	1		50.000	50.000	11K0F3E (A), 20K0F3E (A), 7K60FXE (A)
A	6	1	Existing (if Mod) 000155.92500000	New	FB2	1		50.000	50.000	11K0F3E (A), 20K0F3E (A), 7K60FXE (A)
A	7	1	Existing (if Mod) 000155.92500000	New	FBS	1		50.000	50.000	11K0F3E (A), 20K0F3E (A), 7K60FXE (A)