Submitted: **11/12/2013 at 10:09:15**
File Number: **A0864167**

**FCC Form 854**
**Main Form**

Approved by OMD – 3060-0139
See instructions for public burden estimate

Reference Copy

# Application for Antenna Structure Registration

## Purpose of Filing

1) Enter the application purpose: (**NE** )

**AM** – Amendment of a Pending Application
**AU** – Administrative Update
**CA** – Cancellation of an Antenna Structure Registration
**DI** – Notification of an Antenna Structure Dismantlement
**DU** – Request for a Duplicate Antenna Structure Registration
**MD** – Modification of a Antenna Structure Registration
**NE** – Registration of a New Antenna Structure
**NT** – Required Construction/Alteration Notification
**OC** – Ownership Change
**RE** – Registration of a Replacement Antenna Structure
**WD** – Withdrawal of a Pending Application

| | |
|---|---|
| 2a) If the answer to 1 is AU, CA, DI, DU, MD, NT, OC or RE, provide the FCC Antenna Structure Registration (ASR) Number. | FCC ASR Number: |
| 2b) If the answer to 1 is AM or WD, provide the File Number of the pending application on file. | File Number: |
| 2c) If the answer to 1 is MD or NT, provide the date the Antenna Structure was constructed or the date it was last altered (mm/dd/yyyy). | Date: |
| 2d) If the answer to 1 is DI, provide the date the Antenna Structure was dismantled (mm/dd/yyyy). | Date: |

## Antenna Structure Ownership Information

3) Select one of the entity types:

( ) Individual ( ) Unincorporated Association ( ) Trust ( ) Government Entity
( ) Corporation ( **X** ) Limited Liability Company ( ) General Partnership ( ) Limited Partnership
( ) Consortium ( ) Limited Liability Partnership ( ) Other: _____

| | | | |
|---|---|---|---|
| 4) FCC Registration Number (FRN): **0021840798** | | 5) Assignor FCC Registration Number (FRN): | |
| 6) First Name (if individual): | MI: | Last Name: | Suffix: |
| 7) Legal Entity Name (if not an individual): **AT&T Mobility Services, LLC** | | | |
| 8) Attention To: **Anisa Latif** | | 9) P.O. Box: | **And/Or** |
| 10a) Street Address 1: **1120 20th Street** | 10b) Street Address 2: | | |
| 11) City: **Washington** | 12) State: **DC** | 13) Zip Code: **20036** | |
| 14) Telephone Number (xxx-xxx-xxxx): **(202) 457-3071** | | 15) Fax Number: (xxx-xxx-xxxx): | |
| 16) E-mail Address: **anisa.a.latif@att.com** | | | |

**Contact Representative Information**

| 17) First Name (if individual): | MI: | Last Name: | Suffix: |
|---|---|---|---|
| **Anisa** | | **Latif** | |
| 18) Business Name: **AT&T Mobility Services, LLC** | | | |
| 19) Attention To: | 20) P.O. Box | | **And/Or** |
| 21a) Street Address 1: **1120 20th Street** | | 21b) Street Address 2: | |
| 22) City: **Washington** | 23) State: **DC** | 24) Zip Code: **20036** | |
| 25) Telephone Number (xxx-xxx-xxxx): **(202) 457-3071** | | 26) Fax Number: (xxx-xxx-xxxx): | |
| 27) E-mail Address: **anisa.a.latif@att.com** | | | |

**Antenna Structure Information**

| 28a) Latitude (DD-MM-SS.S): **37- 44- 04.8** | | 28b) North or South: **North** | |
|---|---|---|---|
| 29a) Longitude (DDD-MM-SS.S): **082- 46- 27.9** | | 29b) East or West: **West** | |
| 30) Street Address or Geographic Location: **Off Fords Gap Road** | | 31) City: **Auxier** | |
| 32) County: **FLOYD** | 33) State: **KENTUCKY** | 34) Zip Code: **41602** | |

| 35) Elevation of site above mean sea level (meters): | **350.5** meters |
|---|---|
| 36) Overall height above ground level (AGL) of the supporting structure without appurtenances: | **77.7** meters |
| 37) Overall height above ground level (AGL) of the antenna structure including all appurtenances: | **80.8** meters |
| 38) Overall height above mean sea level (add items 35 and 37 together): | **431.3** meters |

39a) Enter the type of structure on which the antenna will be mounted: (**LTOWER** )

**B** – Building
**BANT** – Building with Antenna on Top
**BMAST** – Building with Mast
**BPIPE** – Building with Pipe
**BPOLE** – Building with Pole
**BRIDG** – Bridge
**BTWR** – Building with Tower
**GTOWER** – Guyed Structure Used For Communication Purposes
**LTOWER** – Lattice Tower
**MAST** – Mast
**MTOWER** – Monopole
**NNGTANN** – Guyed Tower Array
**NNLTANN** – Lattice Tower Array
**NNMTANN** – Monopole Array
**PIPE** – Any type of Pipe
**POLE** – Any type of Pole
**RIG** – Oil or Other Type of Rig
**SIGN** – Any type of Sign or Billboard
**SILO** – Any type of Silo
**STACK** – Smoke Stack
**TANK** – Any type of Tank (water, gas, etc.)
**TREE** – When used as a support for an antenna
**UPOLE** – Utility Pole/Tower used to provide service (electric, telephone, etc.)

| 39b) Number of Towers in Array: | 39c) Position of this Tower in the Array: |
|---|---|
| 40a) Array Center Latitude (DD-MM-SS.S): | 40b) North or South |
| 41a) Array Center Longitude (DDD-MM-SS.S): | 41b) East or West: |

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**Proposed Marking and/or Lighting**

42) Enter the proposed marking and/or lighting: ( 7 )

| Tier 1 - No Lights | Tier 2 – No Red Steady Lights | Tier 3 – Red Steady Lights |
|---|---|---|
| 1) None | 4) FAA Style B (L-856) | 7) FAA Style E (L-864/L-865/L-810) |
| 2) Paint Only | 5) FAA Style D (L-865) | 8) FAA Style F (L-856/L-864/L-810) |
| 3) Other _____ | 6) FAA Style C (L-856/L-865) | 9) FAA Style A (L-864/L-810) |

**FAA Notification**

| 43) FAA Study Number: | 44) Date Issued: |
|---|---|
| | |

**Environmental Compliance**

| | |
|---|---|
| 45) Does the applicant request a waiver of the Commission's rules for environmental notice prior to construction due to an emergency situation? | ( **No** ) Yes or No |
| 46a) If the answer to 45 is No, is another federal agency taking responsibility for environmental review of the Antenna Structure? | ( **No** ) Yes or No |
| 46b) If the answer to 46a is Yes, indicate why:<br>1) The Antenna Structure is on Federal Land and the landholding agency is taking responsibility for the environmental review of the Antenna Structure.<br>2) Another federal agency has agreed with the FCC in writing to take responsibility for the environmental review of the Antenna Structure. | ( ) 1 or 2 |
| 46c) If the answer to 46a is Yes, provide the name of the federal agency taking responsibility for the environmental review of the Antenna Structure. | Name: |
| 47) If the answers to 45 and 46a are No, provide the National Notice Date for the application to be posted on the FCC's website (mm/dd/yyyy). | Date:<br>**11/15/2013** |
| 48) Is the applicant submitting an environmental assessment? | ( **No** ) Yes or No |
| 49) Does the applicant certify that grant of Authorizations at this location would not have a significant environmental effect pursuant to Section 1.1307 of the FCC's rules? | ( ) Yes or No |
| 50) If the answer to 49 is Yes, select the basis for this certification.<br>1) The construction is exempt from environmental notification (other than due to another agency's review) and it does not fall within one of the categories in Section 1.1307(a) or (b) of the FCC's rules?<br>2) The construction is exempt from environmental notification due to another agency's review, and the other agency has issued a Finding of No Significant Impact.<br>3) The environmental notification has been completed, and the FCC has notified the applicant that an Environmental Assessment is not required under Section 1.1307(c) or (d) of the FCC's rules, and the Construction does not fall within one of the categories in Section 1.1307(a) or (b) of the FCC's rules.<br>4) The FCC has issued a Finding of No Significant Impact. | ( ) 1, 2, 3, 4 |
| 51) If the answer to 50 is 3 or 4, enter the date that Local Notice was provided (mm/dd/yyyy). | Date: |

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**Certification Statements**

| |
|---|
| 1) 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. |
| 2) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 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. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification |

**Signature** (Typed or Printed Name of Party Authorized to Sign)

| | | | |
|---|---|---|---|
| 52) First Name: **Michelle** | MI: | Last Name: **Taylor** | Suffix: |
| 53) Title: **Project Manager** | | | |
| 54) Signature: **Michelle Taylor** | | | 55) Date: **Nov 12, 2013** |

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

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