

Attachments

5) Are attachments (other than associated schedules) being filed with this Application/Notification?	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
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Fees and Waivers**Exemption from Application Fees**

6) Is the applicant exempt from FCC application fees? If the answer to 6 is 'Y', attach an exhibit demonstrating how the applicant is exempt from FCC application fees.	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
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Waiver/Deferral of Fees

7) Is a waiver/deferral of the FCC application fees being requested? If the answer to 7 is 'Y', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
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Waiver of Commission Rules

8a) Does this filing include a request for waiver of the Commission's Rules (other than a request for application fee waivers)? If the answer to 8a is 'Y', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
8b) If the answer to 8a is 'Y', enter the number of rule sections involved.	Number of Rule Sections: _____

Regulatory Status and Offerings (To be completed only for Modification of a Lease or Modification of a Sublease)**Radio Service Offerings**

9) The Applicant will provide the following type(s) of radio service offerings (select all that apply): (<input type="checkbox"/>) Common Carrier (<input type="checkbox"/>) Non-common Carrier (<input type="checkbox"/>) Private, internal communications (<input type="checkbox"/>) Broadcast Services

Radio Service

10) The Applicant will provide the following type(s) of radio service (select all that apply): (<input type="checkbox"/>) Fixed (<input type="checkbox"/>) Mobile (<input type="checkbox"/>) Radiolocation (<input type="checkbox"/>) Satellite (sound) (<input type="checkbox"/>) Broadcast Services	
11) Does the Applicant propose to provide service interconnected to the public telephone network?	(<input type="checkbox"/>) Yes <input type="checkbox"/> No

Designated Entity Information (If the answer to 12a, 12b or 12c is 'Y', Schedule A must be completed.)**Bidding Credits**

12a) Does this filing involve any spectrum associated with any licenses that were originally granted before April 25, 2006, and were awarded with bidding credits within the last five years and/or any licenses that were originally granted after April 25, 2006, and were awarded with bidding credits within the last ten years?	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
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Installment Payment Plan

12b) Does this filing involve any spectrum associated with any licenses that were originally subject to the Commission's installment payment plan?	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
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Closed Bidding

12c) Does this filing involve any spectrum associated with any licenses that were originally granted pursuant to closed bidding within the last five years?	(<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No
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Competition-Related Information

13) Does this filing involve a license authorization or Spectrum Lease/Sublease that may be used to provide interconnected mobile voice and/or data services that would, create a geographic overlap with another license authorization(s) or Spectrum Leasing Arrangement(s) in which the Applicant already holds direct or indirect interests (of 10 percent or more), either as a licensee or Spectrum Lessee/Sublessee, and that could also be used to provide interconnected mobile voice and/or data services?	(<u>N</u>) Yes No
14a) Does the Applicant (Lessee/Sublessee) hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more of Cellular, Broadband PCS, or Specialized Mobile Radio (SMR) spectrum through license(s) or spectrum lease/subleases in the same geographic area?	(<u>N</u>) Yes No
14b) Would/Does this Spectrum Leasing Arrangement reduce the number of entities providing service (using spectrum in any of the three services above) in the affected market(s)?	(<u>N</u>) Yes No

Broadband Radio Service and Educational Broadband Service Information

Broadband Radio Service (BRS) and Educational Broadband Service (EBS) – Cable Cross-Ownership

15a) Will the requested facilities be used to provide multichannel video programming service?	() Yes No
15b) If the answer to 15a 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? If 'Y', provide an exhibit explaining how the Applicant (Lessee/Sublessee) complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Y'.	() Yes No

Educational Broadband Service (EBS) – Part 27 Programming Requirements

16) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? If 'N', provide 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's Rule(s) is being requested, 8a must be answered 'Y'.	() Yes No
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Part 90 Public Safety Services

Eligibility

17) Is the Applicant a public safety entity or otherwise an entity that will use the leased spectrum to provide communications in support of public safety operations pursuant to Section 90.523 of the Commission's Rules?	(<u>Y</u>) Yes No
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Licensee Information**FRN**

18) FCC Registration Number:

Entity

19) Licensee is a(n) (Select One):

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

Licensee Name20) Licensee Name (if entity): *First Responder Network Authority (FirstNet)*

21) Licensee Name (if individual): First: MI: Last: Suffix:

22) Attention To: *Stuart Kupinsky***Address**23) P.O. Box: And /Or 24) Street Address: *1401 Constitution Avenue, NW*25) City: *Washington* 26) State: *DC* 27) Zip Code: *20230*28) Telephone Number: *202-482-3887* 29) FAX Number:30) E-Mail Address: *Stuart.Kupinsky@firstnet.gov***31) 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

Licensee Contact Information**Contact Name** (if other than Licensee)(☒) Check here if same as Licensee Information

32) Name: First: MI: Last: Suffix:

33) Company Name:

34) Attention To:

Address

35) P.O. Box: And /Or 36) Street Address:

37) City: 38) State: 39) Zip Code:

40) Telephone Number: 41) FAX Number:

42) E-Mail Address:

Lessee Information**FRN**43) FCC Registration Number: 0001613694**Entity**

44) Lessee is a(n) (Select One):
() Individual () Unincorporated Association () Trust (X) Government Entity () Corporation () Limited Liability Company
() General Partnership () Limited Partnership () Limited Liability Partnership () Consortium
() Other: _____

Lessee Name45) 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? () Yes No46) Lessee Name (if entity): Adams County Communications Center, Inc (Adcom911)

47) Lessee Name (if individual): First: _____ MI: _____ Last: _____ Suffix: _____

48) Attention To: William T. Malone**Name of Real Party In Interest**

49) Name of Real Party in Interest: _____

50) FCC Registration Number (FRN): _____

Address51) P.O. Box: _____ And /Or 52) Street Address: 7321 Birch Street53) City: Commerce City 54) State: CO 55) Zip Code: 8002256) Telephone Number: 303-289-2235 57) FAX Number: 303-227-870058) E-Mail Address: bmalone@adcom911.org**59) Demographics (Optional):**

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

Lessee Contact Information**Contact Name (if other than Lessee)**

(X) Check here if same as Lessee Information

60) Name: First: _____ MI: _____ Last: _____ Suffix: _____

61) Company Name: _____

62) Attention To: _____

Address

63) P.O. Box: _____ And /Or 64) Street Address: _____

65) City: _____ 66) State: _____ 67) Zip Code: _____

68) Telephone Number: _____ 69) FAX Number: _____

70) E-Mail Address: _____

Sublessee Information**FRN**

71) FCC Registration Number:

Entity

72) Sublessee is a(n) (Select One):

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

Sublessee Name

73) 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?

() Yes **No**

74) Sublessee Name (if entity):

75) Sublessee Name (if individual):

First:

MI:

Last:

Suffix:

76) Attention To:

Name of Real Party in Interest

77) Name of Real Party in Interest:

78) FCC Registration Number (FRN):

Address

79) P.O. Box:

And
/Or

80) Street Address:

81) City:

82) State:

83) Zip Code:

84) Telephone Number:

85) FAX Number:

86) E-Mail Address:

87) 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

Sublessee Contact Information**Contact Name** (if other than Sublessee)() **Check here if same as Sublessee Information**

88) Name:

First:

MI:

Last:

Suffix:

89) Company Name:

90) Attention To:

Address

91) P.O. Box:

And
/Or

92) Street Address:

93) City:

94) State:

95) Zip Code:

96) Telephone Number:

97) FAX Number:

98) E-Mail Address:

Transferee Information

FRN

99) FCC Registration Number:

Entity

100) Transferee is a(n) (Select One):

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

Transferee Name

101) Transferee Name (if entity):

102) Transferee Name (if individual): First: MI: Last: Suffix:

103) Attention To:

Name of Real Party in Interest

104) Name of Real Party in Interest:

105) FCC Registration Number (FRN):

Address

106) P.O. Box: And /Or 107) Street Address:

108) City: 109) State: 110) Zip Code:

111) Telephone Number: 112) FAX Number:

113) E-Mail Address:

114) 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

Transferee Contact Information

Contact Name (if other than Transferee)

() Check here if same as Transferee Information

115) Name: First: MI: Last: Suffix:

116) Company Name:

117) Attention To:

Address

118) P.O. Box: And /Or 119) Street Address:

120) City: 121) State: 122) Zip Code:

123) Telephone Number: 124) FAX Number:

125) E-Mail Address:

Transferor Information

FRN

126) FCC Registration Number:

Entity

127) Transferor is a(n) (Select One):	
() Individual	() Unincorporated Association () Trust () Government Entity () Corporation () Limited Liability Company
() General Partnership	() Limited Partnership () Limited Liability Partnership () Consortium
() Other: _____	

Transferor Name

128) Transferor Name (if entity):				
129) Transferor Name (if individual):	First:	MI:	Last:	Suffix:
130) Attention To:				

Address

131) P.O. Box:	And /Or	132) Street Address:		
133) City:		134) State:	135) Zip Code:	
136) Telephone Number:		137) FAX Number:		
138) E-Mail Address:				

139) 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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Transferor Contact Information

Contact Name (if other than Transferor)

() Check here if same as Transferor Information

140) Name:	First:	MI:	Last:	Suffix:
141) Company Name:				
142) Attention To:				

Address

143) P.O. Box:	And /Or	144) Street Address:		
145) City:		146) State:	147) Zip Code:	
148) Telephone Number:		149) FAX Number:		
150) E-Mail Address:				

Ownership Disclosure Information

FCC Form 602

151a) Is the Applicant required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	(<u>N</u>) Yes No
151b) If the answer to 151a is 'Y', provide the File Number of FCC Form 602 that has been filed in conjunction with application or is already on file with the FCC.	File Number: _____

Alien Ownership Questions

Alien Ownership (If any answer is 'Y', provide an attachment explaining the circumstances)

152) Is the Lessee/Sublessee or Post-transfer Lessee/Sublessee a foreign government or the representative of any foreign government?	(<u>N</u>) Yes No
153) Is the Lessee/Sublessee or Post-transfer Lessee/Sublessee an alien or the representative of an alien?	(<u>N</u>) Yes No
154) Is the Lessee/Sublessee or Post-transfer Lessee/Sublessee a corporation organized under the laws of a foreign government?	(<u>N</u>) Yes No
155) Is the Lessee/Sublessee or Post-transfer Lessee/Sublessee 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>N</u>) Yes No
156a) Is the Lessee/Sublessee or Post-transfer Lessee/Sublessee 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>N</u>) Yes No
156b) If the answer to 156a is 'Y', has the Lessee/Sublessee or Post-transfer Lessee/Sublessee received a ruling(s) under Section 310(b) (4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this filing? If the answer to 156b is 'Y', provide in the exhibit the citation(s) of the declaratory ruling(s) received by the Lessee/Sublessee or Post-transfer Lessee/Sublessee (i.e., DA or FCC Number, FCC Record citation if available, and release date). If the answer to 156b 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 Lessee/Sublessee or Post-transfer Lessee/Sublessee includes in the exhibit required by Item 156a a showing that the subject Lease is exempt from the provisions of Section 310(b)(4).	() Yes No

Basic Qualification Information

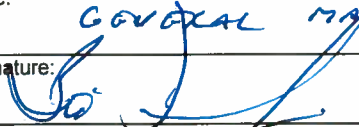
Basic Qualification Questions (If any answer is 'Y', provide an attachment explaining the circumstances)

157) 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>N</u>) Yes No
158) Has the Applicant or any party to this filing, or any party directly or indirectly controlling the Applicant or any party to this filing ever been convicted of a felony by any state or federal court?	(<u>N</u>) Yes No
159) 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>N</u>) Yes No

Licensee Certification Statements

1)	The Licensee agrees that the Lease is not a sale or transfer of the license itself.
2)	The Licensee certifies that it will not consent to assignment of the Lease except to the extent such assignment complies with the Commission's Rules and Regulations.
3)	The Licensee certifies that it holds exclusive use rights to use the licensed spectrum.
4)	The Licensee 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.
The Licensee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.	

Type or Printed Name of Party Authorized to Sign

160) First Name:	MI:	Last Name:	Suffix:
BILL		D'AGOSTINO	
161) Title:			
GENERAL MANAGER			
162) Signature:		163) Date:	
		1-30-14	
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).			

Lessee Certification Statements

1)	The Lessee agrees that the Lease is not a sale or transfer of the license itself.
2)	The Lessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Lessee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission.
3)	The Lessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 882, 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.)
4)	The Lessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Lessee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.
5)	The Lessee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filing is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.
6)	The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.
7)	The Lessee 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 spectrum lease or otherwise.
8)	The Lessee 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.
The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.	

Type or Printed Name of Party Authorized to Sign

164) First Name <i>William</i>	MI <i>T.</i>	Last Name <i>Malone</i>	Suffix
165) Title <i>Executive Director</i>			
166) Signature: <i>William T. Malone</i>		167) Date: <i>1-3-2014</i>	
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).			

Schedule for New Lease or New Sublease

Term of Lease [For New Leases Only]

<p>1) Indicate whether the Lease is:</p> <p>() Short-Term or (X) Long-Term</p> <p>* The cumulative lease period for a Short-Term Lease cannot exceed 365 days from the original commencement date.</p>	
<p>2) If this filing is a Long-Term <i>De Facto</i> Transfer Lease, have the Licensee and Lessee entered into any Short-Term <i>De Facto</i> Transfer Lease(s) with regard to any spectrum covered by the License(s) that are part of this filing, or within the same geographic area(s) of the License(s) that are part of this filing?</p>	<p>() <u>Yes</u> <u>No</u></p>

Leased Spectrum (For Geographically-Licensed Services) [For New Leases Only]

<p>3a) Does this filing involve geographic-area licenses where only a portion of the licensed spectrum and/or the licensed geographic area will be leased?</p>	<p>(Y) <u>Yes</u> <u>No</u></p>
<p>3b) If the answer to 3a is 'Y', does this filing involve one or more individual point-to-point microwave links that will be leased?</p> <p>If the response to 3b is 'Y', complete Schedule H. If the response to 3b is 'N', complete Schedule F and, if applicable, Schedule G.</p>	<p>(N) <u>Yes</u> <u>No</u></p>

Leased Spectrum (For Site-Based Services) [For New Leases Only]

<p>3c) Does this filing involve site-based licenses where only a portion of the licensed locations, paths and/or frequencies will be leased?</p> <p>If the response to 3c is 'N', complete Items 178 (Call Sign) and 179 (Radio Service Code) on the Main Form. If the response to 3c is 'Y', in addition to Items 178 (Call Sign) and 179 (Radio Service Code), complete Items 180-184 (Location Number, Path Number, Frequency Number, Lower Frequency and Upper Frequency), as appropriate, on the Main Form.</p>	<p>() <u>Yes</u> <u>No</u></p>
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Type and Term of Sublease [For New Subleases Only]

<p>4a) If the existing Lease is a Long-Term <i>De Facto</i> Transfer Lease, are the Lessee and Sublessee entering into a Spectrum Manager Sublease or a Long-Term <i>De Facto</i> Transfer Sublease?</p> <p>() Spectrum Manager Sublease or () Long-Term <i>De Facto</i> Transfer Sublease</p>	
<p>4b) If the answer to 4a is 'Spectrum Manager Sublease', indicate whether the Sublease is:</p> <p>() Short-Term or () Long-Term</p>	
<p>5) If the existing Lease is a Long-Term Spectrum Manager Lease, indicate whether the Spectrum Manager Sublease is:</p> <p>() Short-Term or () Long-Term</p>	

Schedule for Defined Geographic Area To Be Leased
(Geographically-Licensed Services)

Call Sign

1) Call Sign: WQRE234

Geographic Area of Spectrum To Be Included in Lease

2) Defined Area to be Leased	3) Undefined Area to be Leased (Complete Schedule G)	4) Population of Leased Area
Adams County, Colorado	Schedule G # Attached: _____	460,000 (2012 census est.)

5) Frequencies of Spectrum To Be Included in Lease (MHz)

Spectrum Leased		Spectrum Leased		Spectrum Leased	
Lower Frequency	Upper Frequency	Lower Frequency	Upper Frequency	Lower Frequency	Upper Frequency
758.0 MHz	768.0 MHz				
788.0 MHz	798.0 MHz				