



**Signal Booster Registration Request**

**Signal Booster Information:**

Street Address:

City: State: Zip: County:

Frequency(s) Impacted:

FCC Call Sign(s):

Latitude: Longitude:

Location Description:

FRN: Password:

(For multiple boosters for the same company and contact, please complete just the top portion of the worksheet for each additional booster and attach one completed full sheet)

**Company Information (e.g., Owner, Landlord, Tenant):**

First Name: Last Name: Suffix:

Company Name:

Street Address:

City: State: Zip:

Title:

Email:

Phone:

**Contact Information (Company's representative):**

**Same as Company**

First Name: Last Name:

Company:

Street Address:

City: State: Zip:

Email:

Phone:

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**Payment Information**

For information regarding EWA and FCC fees to file electronically, please see EWA's website at [https://www.enterprisewireless.org/resources/schedule\\_services](https://www.enterprisewireless.org/resources/schedule_services).

Enclosed is a check (made payable to Enterprise Wireless Alliance)

Charge to: Visa MC AMEX

Credit Card Number:

Expiration Date: Security Code:

Card Holder Name:

Address:

Card Holder's Signature: