



**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:

**Payment Information**

[EWA Member](#) Rate: \$100 per booster up to 2, \$25 for each additional booster

Non-Member Rate: \$125 per booster up to 2, \$35 for each additional booster

- 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: