



Antenna Structure Registration (ASR) Worksheet

Administrative Information

Tower Information/License Name: _____

Attention of: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

Federal Tax ID or TIN #: _____

Email: _____

FRN and Password: _____

Sponsor's Representative Information

Name _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

Construction Information: NEW Construction Alteration Existing

Duration: Permanent Temporary (____ Months, ____ Days)

Structure Type: GT Tower Ltower Mast Crane Building Power Line Landfill
 Water Tank

Structure Details:

Latitude: ____ Deg ____ Mins ____ Secs

Longitude: ____ Deg ____ Mins ____ Secs

Frequency Band (MHz): 450-470 150-170 800/900

Ground Elevation: _____ (feet)

Structure Height: _____ (feet)

Total Height (ASML): _____ (feet) (Add elevation and structure height)

Marking/Lighting: _____

Nearest City: _____ State _____

Telephone Number: _____

Physical Address to Structure: _____

Description of Location: *(Provide as separate attachment of a map indicating precise site location)*

Description of Proposal:

Fee Information

Cost per study:

Member: \$350

Non-Member: \$450

Notice: After the Federal Aviation Administration (FAA) has approved the determination study, you must then file that FAA study number with the FCC, which will incur a charge of \$350.

If you are not registered, EWA will register your TIN/SSN with the FCC for an additional:

Member: \$75

Non-Member: \$100

Method of Payment

Enclosed is a check (Made payable to EWA) in the amount of \$ _____

Charge to VISA MasterCard American Express

Credit Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name: _____

Street Address: _____ ZIP: _____

Card Holder/Authorized Signature: _____

**Complete and fax to EWA at 703-524-1074 or 717-337-9157 or
email to customerservice@enterprisewireless.org.**