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## **Assignment of Authorization Request Form**

## **Assignor (Licensee) Information** Licensee Name: Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: Phone: \_\_\_\_\_ Email: ULS Password: FCC Registration Number (FRN): \_\_\_\_\_ To request a ULS Password reset, provide your Federal Taxpayer ID number: Call Sign(s) to be Assigned: Constructed and Operational? ☐ Yes ☐ No ☐ Full Assignment ☐ Partial Assignment (Frequencies to be assigned) \_\_\_\_\_\_ Name of Person Authorized to Sign the FCC form 603: Licensee Contact Representative (if different from above): Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_ Fax: \_\_\_\_ **Assignee Information** Assignee Name: Mailing Address: State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Assignee FRN: \_\_\_\_\_\_ ULS Password: \_\_\_\_\_ Name of Person Authorized to Sign the FCC form 603: Title:

Type of Assignment
Assignment is: □ Voluntary (OR) □ Involuntary
How Assignment is to be accomplished: ☐ Sale ☐ Court Order ☐ Transfer of Stock ☐ Other
Is this a <i>pro forma</i> assignment? □ Yes □ No
(A <i>pro forma</i> assignment of authorization is one for which the actual controlling party does not change; e.g. when an authorization is assigned by one wholly-owned subsidiary of a parent corporation to another wholly-owned subsidiary of the same corporation.)
Fee Information
Assignment Application (FCC Form 603): ☐ EWA Member: \$350/form ☐ Non-Member: \$450/form
☐ FCC Filing Fees: \$70/call sign
□ Notification of Consummation (required): \$125/form
FRN Registration or ULS Password Reset (if required):   EWA Member: \$75   Non-Member: \$100
$\square$ I would like to receive information about becoming a member of EWA.
Method of Payment
Check made payable to EWA in the amount of \$
Credit card: VISA MasterCard American Express
Credit Card Number:
Expiration Date:
Cardholder Name:
Street Address: ZIP:
Card Holder/Authorized Signature:

