



FCC Licensing Short Form

Applicant Data

Licensee/Applicant Name: _____

Attention to: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ is a mobile#. Email Address: _____

Taxpayer ID Number (TIN, 9 digits): _____ Business/Industrial, or Public Safety

I would like to (select one action)

Apply for a new license. FRN: _____ or EWA obtain FRN

Add a new location or frequencies to an existing license. Call sign: _____

For other requests, please contact EWA.

1. Band: VHF UHF 800/900 MHz

2. Location Type: Fixed or Mobile Only
Number of mobile units, if applicable _____

3. Service: Conventional/Shared or Trunked/Exclusive

4. Number of freqs/pairs: _____

5. Location: ASR: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Coordinates:

i. Latitude in DMS _____ N/ S, or decimal _____

ii. Longitude in DMS _____ W/ E, or decimal _____

6. Antenna Hgt (ground to tip): _____ m or ft

7. Minimum ERP (watts): Fixed _____, Mobile _____

8. Emission Designator: 4K or 7K or 11K, then Data or Voice or Data & Voice

Contact Representative Data Same as applicant above

Contact Company: _____

Attention to: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Phone: _____ is a mobile# Email Address: _____

Notes: _____

One all-inclusive fee (including FCC fees) applies for B/ILT UHF/VHF applications for one location or mobile only, up to five frequencies/pairs. Visit www.cevogo.com to calculate the fee, or use the Cevo Go™ mobile app. EWA will confirm additional fees with you before certifying your application.