



## Assignment of Authorization Request Form

### Assignor – Current Ownership Information

Licensee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FCC Registration Number (FRN): \_\_\_\_\_ ULS Password: \_\_\_\_\_

To request a ULS Password reset, provide your Federal Taxpayer ID number: \_\_\_\_\_

Closing or settlement date: \_\_\_\_\_

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: \_\_\_\_\_

Title: \_\_\_\_\_

Licensee Contact Representative (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Assignee - New Ownership Information

Assignee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Assignee FRN: \_\_\_\_\_ ULS Password: \_\_\_\_\_

To request a ULS Password reset, provide your Federal Taxpayer ID number: \_\_\_\_\_

Name of Person Authorized to Sign the FCC form 603: \_\_\_\_\_

Title: \_\_\_\_\_

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**Type of Assignment**

Assignment is:  Voluntary (OR)  Involuntary

How Assignment is to be accomplished:  Sale  Court Order  Transfer of Stock  Other

Is this a *pro forma* assignment?  Yes  No

(A *pro forma* 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**

**Fee and payment:**

For information regarding EWA and FCC fees to file electronically, please see EWA's website at <https://www.enterprisewireless.org/service-fees>.

*I would like to receive information about becoming a member of EWA.*

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**Method of Payment**

Check made payable to EWA in the amount of \$ \_\_\_\_\_

Credit card:  VISA  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Holder/Authorized Signature: \_\_\_\_\_

