



License Application Worksheet—Fixed Base/Mobile Systems

Note: For information regarding EWA and FCC fees, please see EWA's website at https://www.enterprisewireless.org/resources/schedule_services.

- Join EWA in order to benefit from discounts on spectrum solutions.**
 - Existing EWA Member.
 - To learn more and join, call 800-482-8282 or visit www.enterprisewireless.org.
- Determine the fees for the services you would like.** EWA requires that all licensing, frequency coordination, engineering and FCC fees be submitted to EWA with the application. View the latest [Schedule of Services](#) at EWA's website.
- Place a credit card on file with EWA or arrange a draw-down account from which payment can be made automatically.** Call EWA's Accounting department at 703-797-5133 to get started.
- Do you have an FCC Registration Number (FRN)?** The FRN is an identification number given to each licensee/entity doing business with the FCC and is required on the license application.
 - YES!** Be certain to include your FRN and ULS password on this worksheet. If you do not remember your password, EWA can reset it for a fee.
 - NO!** EWA can register your FCC Registration Number for you, for a fee, using information provided on this worksheet.
- Use this worksheet to gather as much information as you can.** Use the information to complete the application using [Cevo®](#), EWA's frequency coordination tool. Alternatively, you may submit this worksheet to EWA for entry. Data verification and entry fees will result for any application not submitted through Cevo.
- Provide all latitude/longitude coordinates in NAD-1983, as required by the FCC.** Older license authorizations may show the coordinates in NAD-1927. Convert the coordinates while submitting your application using Cevo in Schedule H2.
- Ensure that the antenna structure is registered with the FCC.** The FCC may not accept the application if the antenna structure is not registered. To determine if your structure requires registration, visit the FCC's TowAir web page at <https://www.fcc.gov/wireless/systems-utilities/antenna-structure-registration>. If it is not, contact the antenna structure owner for details. EWA can register an antenna structure for a fee.
- The FCC cannot grant a radio station license to a foreign government.** If the questions on this form regarding "Alien Ownership" are answered "Yes," the applicant must include an exhibit explaining the circumstances.
- EWA will refund payment if...** EWA is unable to process the application because spectrum is not available in the area of operation or if the applicant/radio representative fails to provide all necessary information requested for the frequency coordination. In such cases, EWA will refund payment minus an Application Cancellation Fee.

If you have questions about this form or the licensing or frequency coordination process, please [contact EWA's Customer Service](#) department at 800-482-8282.

**Payment must accompany this request.
Contact Customer Service at 800-482-8282 or visit our website for the latest
[Schedule of Services.](#)**

Licensee Data:
 Licensee Name: _____
 Authorized Signor (Print clearly): _____ Title: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ Email Address: _____
 Applicant/Licensee Legal Entity Type (Select One):
 Individual Corporation Unincorporated Association Trust
 Governmental Entity Consortium Limited Liability Company General Partnership
 Limited Partnership Limited Liability Partnership Other _____
 Radio Service: IG IK YG YK Other: _____
 FCC Registration Number (FRN): _____ ULS Password: _____
Taxpayer ID Number (TIN): _____ **Have EWA Register FRN:** YES NO
Have EWA File Construction Notification (NT): YES NO
Contact Representative Data: (Complete if different from above-referenced licensee data.)
 Name: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ Email Address: _____
 Contact Representative's FRN Number: _____

Alien Ownership Questions (For each "Yes" answer, provide an attachment explaining the circumstances)

1. Is the Applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Applicant an alien or the representative of an alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the Applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a. Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5b. If the answer to 5a is "Y", has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this filing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If the answer to 5b is "Y", attach an exhibit that identifies the citation(s) of the applicable declaratory ruling(s) by DA/FCC number of the FCC Record citation, if available, release date, and any other identifying information</i>		
<i>If the answer to 5b is "N", attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.</i>		

General Certification Statements:

1. The Applicant waives any claim to the use of any particular frequency or the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
2. The Applicant certifies that the grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules. *
(*If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request to the outcome of the waiver request.)
3. The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4. The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to § 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See § 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5. The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with the application, or (3) is not required to file ownership data under the Commission's rules.
6. The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radio frequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7. The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8. The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

***** IMPORTANT *****

Third Party Authorization:

In order to process any application submitted by a third party representative (e.g., radio dealer, license preparation firm, law firm, manufacturer's representative), EWA needs you to read the following statement, then sign and return this form to our Spectrum Management Department along with the completed worksheet.

I hereby certify that the Applicant is aware that I am filing this application with EWA, and I have the authority to file on their behalf.

Signature _____

Purpose of Application:

New Modification (Provide call sign(s)) _____

Modification(s) Requested: _____

Control Point Address: _____

City: _____ County: _____ State: _____

Control Point Telephone Number: _____

Eligibility (Describe Applicant's business): _____

Station Location Data (Site 1):

Geographical Coordinates (NAD 83 only): _____ N/ _____ W

Transmitter Address: _____

City: _____ County: _____ State: _____

Structure Type: Pole Building Tower Other (Explain) _____

Ground Elevation: _____ Feet Meters

Structure Height: _____ Feet Meters Overall Height: _____ Feet Meters

Antenna Registration Number: _____

Mobile Area of Operation: _____ Miles Kilometers

Station Location Data (Site 2):

Geographical Coordinates (NAD 83 only): _____ N/ _____ W

Transmitter Address: _____

City: _____ County: _____ State: _____

Structure Type: Pole Building Tower Other (Explain) _____

Ground Elevation: _____ Feet Meters

Structure Height: _____ Feet Meters Overall Height: _____ Feet Meters

Antenna Registration Number: _____

Mobile Area of Operation: _____ Miles Kilometers

Station Location Data (Site 3):

Geographical Coordinates (NAD 83 only): _____ N/ _____ W

Transmitter Address: _____

City: _____ County: _____ State: _____

Structure Type: Pole Building Tower Other (Explain) _____

Ground Elevation: _____ Feet Meters

Structure Height: _____ Feet Meters Overall Height: _____ Feet Meters

Antenna Registration Number: _____

Mobile Area of Operation: _____ Miles Kilometers

Station Location Data (Site 4):

Geographical Coordinates (NAD 83 only): _____ N/ _____ W

Transmitter Address: _____

City: _____ County: _____ State: _____

Structure Type: Pole Building Tower Other (Explain) _____

Ground Elevation: _____ Feet Meters

Structure Height: _____ Feet Meters Overall Height: _____ Feet Meters

Antenna Registration Number: _____

Mobile Area of Operation: _____ Miles Kilometers

Station Location Data (Site 5):

Geographical Coordinates (NAD 83 only): _____ N/ _____ W

Transmitter Address: _____

City: _____ County: _____ State: _____

Structure Type: Pole Building Tower Other (Explain) _____

Ground Elevation: _____ Feet Meters

Structure Height: _____ Feet Meters Overall Height: _____ Feet Meters

Antenna Registration Number: _____

Mobile Area of Operation: _____ Miles Kilometers

Station Location Data (Site 6):

Geographical Coordinates (NAD 83 only): _____ N/ _____ W

Transmitter Address: _____

City: _____ County: _____ State: _____

Structure Type: Pole Building Tower Other (Explain) _____

Ground Elevation: _____ Feet Meters

Structure Height: _____ Feet Meters Overall Height: _____ Feet Meters

Antenna Registration Number: _____

Mobile Area of Operation: _____ Miles Kilometers

License Technical Data:

Frequency Band Requested: 25-49 MHz 72-75 MHz 150-174 MHz 420-430 MHz
 450-469 MHz 470-512 MHz 800 MHz 900 MHz

Bandwidth(s) Requested: Narrowband (12.5 KHz) Wideband (25 KHz)

Indicate: Voice Data Voice & Data

How many channels/pairs are being requested:

Frequency (MHz)	Station Class	# Of Units	Emission	Output	ERP	HAAT	Antenna Height

Payment MUST accompany this request. Call Customer Service at 800-482-8282 or visit EWA’s website to see the most recent [Schedule of Services](#).

USE THIS CREDIT CARD for my Wireless Sales and Service Provider (WSSP) or Business Enterprise User [Membership](#).

Please indicate method of payment: Check Draw-down Account
 AmEx MasterCard Visa

Card Number: _____ Expiration Date: _____

Cardholder Name (Please print):

Cardholder Signature: _____

Security Code on the back of credit card:

Thank you for submitting your application to the Enterprise Wireless Alliance.