



Phone
317-813-4865
800-252-0529

ATLAS LICENSE COMPANY & DATA SERVICES

207 North State Street, Box 495
Greenfield, Indiana 46140
www.alcds.com



Fax
317-900-7940

Applicant Information Worksheet

Date:

Prepared By:

Legal Name of Applicant <i>(Name to appear on license)</i> ⇨	
Applicant's 9 Digit Federal Tax ID Number ⚠ ⇨ <i>Omitting this number WILL delay processing your application!</i>	(EIN or SSN) _
Applicant is a: <i>(Check One Only Please)</i> ⇨	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Government Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other ()
Contact Person ⇨	
Telephone Number ⇨	
Fax Number ⇨	
Cell / Mobile Number / Text Messages ⇨	
Physical Street Address ⇨	
Additional Mailing Info, such as PO Box or Suite ⇨	
City, State, & Zip ⇨	
County of Mailing Address (not "country") ⇨	
Applicant's email Address ⇨	
<i>If working with a radio equipment dealer, please provide the following information...</i>	
Dealer's Name ⇨	
Dealer Contact Person ⇨	
Send notice of frequency assignment to: <i>(Check One Please)</i>	<input type="checkbox"/> Applicant <input type="checkbox"/> Dealer

New Station / Modification
Is this application for a <input type="checkbox"/> New Station <input type="checkbox"/> Modification
If a Modification, what is the existing Call Sign?
What modifications are to be made?
Does the applicant hold any other FCC licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

License Type		
<input type="checkbox"/> Repeater/Mobile	Repeater Wattage	Antenna Gain
<input type="checkbox"/> Base/Mobile	Base Wattage	Antenna Gain
<input type="checkbox"/> Mobile/Portable Only	Mobile/Portable Wattage	
<input type="checkbox"/> Other? Please Describe:		
Will this system have Telephone Interconnect? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(Interconnected to Public Telephone System: FCC Regulatory Fees may be assessed.)</i>		

Location		
Transmitter Street Address; OR Nearest Major Intersection and Distance from Intersection?		
City	County	State
Latitude / /	Longitude / /	Elevation FEET

Form Date: 2022.10



Home of License Guard[®] License Management Services





ATLAS LICENSE COMPANY & DATA SERVICES



Phone
317-813-4865
800-252-0529

207 North State Street, Box 495
Greenfield, Indiana 46140
www.alcds.com

Fax
317-900-7940

Applicant Information Worksheet, Continued for:

Antenna Information	
The Antenna is supported by a:	<input type="checkbox"/> Tower or Pole <input type="checkbox"/> Building <input type="checkbox"/> Tank <input type="checkbox"/> Grain Leg
Please state the height of the structure only, in feet.	(A)
Please state the length of the antenna only, in feet.	(B)
Overall height of structure plus antenna, in feet.	(A+B)
Are there any existing call signs at this site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide a current call sign at this site.	

Units	
Number of Mobile Units?	Mobile Wattage?
Number of Portable Units?	Portable Wattage?
Number of Pagers?	Area of operation in miles?
Will your radios be in operation within 90 miles of the Canadian border? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Frequency	
Specify Frequency Range or List any Preferred Frequency:	
<input type="checkbox"/> VHF	<input type="checkbox"/> UHF <input type="checkbox"/> UHF Offset
<input type="checkbox"/> Low Band	<input type="checkbox"/> 800 MHz. <input type="checkbox"/> 900 MHz.
Will equipment covered by this license be Digital?	<input type="checkbox"/> Yes (provide Brand Name: and Model #:) <input type="checkbox"/> No (Consult your equipment vendor if not sure.)
Do you want to Monitor Frequencies? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* 3 Business Days are allowed to monitor. After 3 days, best available frequency will be assigned.	

Eligibility and Misc.	
This system will be used for:	<input type="checkbox"/> Voice Only <input type="checkbox"/> Data Only <input type="checkbox"/> Both Voice and Data
Describe the nature of your business or organization (Police, Fire, etc.) and the purpose of the radio system	
How many control stations meet the 20' (twenty-foot) Rule?	
Comments / Special Instructions:	

All information requested is **REQUIRED** by the FCC in order to obtain an FCC radio license.
Please fill in all information completely. If you need any assistance at all, please call our office. We're glad to help!

Thank you for choosing Atlas License Company!

Form Date: 2022.10



Home of License Guard® License Management Services





Phone
317-813-4865
800-252-0529

ATLAS LICENSE COMPANY & DATA SERVICES

207 North State Street, Box 495
Greenfield, Indiana 46140
www.alcds.com



Fax
317-900-7940

Protect Your License from Cancellation and Expiration with
License Guard® ADVANTAGE

- Guaranteed¹ notice of impending license expiration with guidance and options for License Renewal
- Guaranteed¹ notice, for your signature, and filing of FCC required Notice of Construction.

YES, add my granted license to License Guard® **ADVANTAGE** for FULL PROTECTION! **\$150.00**
(Be sure to add \$150.00 to your total on our Authorization / Payment form.)

License Guard® Renewal Notice Only

Guaranteed¹ notice of impending license expiration with guidance and options for License Renewal

YES, add my granted license to License Guard® Renewal Notice Only: **\$ 80.00**
(Be sure to add \$80.00 to your total on our Authorization / Payment form.)

License Guard® Construction Only

Guaranteed¹ notice, for your signature, and filing of FCC required Notice of Construction.

Atlas will provide the form for your signature when it is time to file this notice. NO additional fees will be due!

YES, add my granted license to License Guard® Construction Only: **\$ 120.00**
(Be sure to add \$120.00 to your total on our Authorization / Payment form.)

License Guard® subscribers please note - Terms of License Guard®: The contact information given within these forms will be used to contact you when appropriate for each individual call sign subscribed. **Please provide as much detail as possible on page 1!** Changing your contact information without notifying Atlas impacts our ability to notify you and will void our guarantee. Changing your password without notifying Atlas impacts our ability to service your license and will void our guarantee. You may attach optional alternate contact information, which Atlas will use if the primary contact fails. Every effort is made to reach every subscriber's assigned contact person by mail, email, fax, and/or phone. Atlas will conclude the subscriber is declining our assistance if there is no response after several contact attempts. The subscriber's record will be noted accordingly. **We URGE you to keep a copy of this document with your license or in a place of easy reference** to assist in verifying future notices are authentic from Atlas and to keep our contact information close.

Call 800-252-0529 to confirm the validity of notices received regarding your license.

Decline All License Guard® Services

NO thanks; I **decline** all license protection offered by License Guard®.
Please sign below indicating you've reviewed the choices offered and understand: **Atlas will send NO notices.**

Signing below acknowledges acceptance of the License Guard choices above as well as the Terms of License Guard shown above.

Sign:

Date: _____

for: _____

Alternate Contact (Optional): _____

View the complete details of the License Guard® program on our web site: www.alcds.com!

¹ **Conditionally:** Licenses placed in our care will be replaced at Atlas' expense, should License Guard® fail. Full details available at www.alcds.com/licenseguard.

Form Date: 2022.10



Home of License Guard® License Management Services





Phone
317-813-4865
800-252-0529

ATLAS LICENSE COMPANY & DATA SERVICES

207 North State Street, Box 495
Greenfield, Indiana 46140
www.alcds.com



Fax
317-900-7940

Applicant Authorization / Payment Form

Applicant / Licensee Name: _____

i The applicant named above gives Atlas License Company and Data Services authority to submit applications for coordination on its behalf. The applicant also grants permission for Atlas to obtain a password from the FCC for purposes of electronic filing processes pertaining to this license application. The applicant further understands the frequency coordinator will provide coordination services and forward the application to the FCC and confirms the information given to Atlas, and answers to questions on the FCC Form 601 has been provided accurately and honestly. The applicant / licensee is solely responsible for fines or penalties resulting from violations of FCC rules and regulations or any other Federal, State, or Local law or ordinance. Information submitted to the FCC is reviewed for inaccuracies and inconsistencies, which could lead to fines or penalties. Services are provided on the condition that liability is limited to reapplying for the license needed, attaining the best possible replacement of license lost in part or whole, and not exceeding the total paid value of Atlas' services.

Applicant Signature : **X**

Date :

(or Applicants Authorized Representative)

Please Print Signer's Name:

Title:

Our office requires payment and this signed form to complete the processing of your FCC license application.

Fee Calculation

Base Fee (Includes Frequency Coordination, FCC, Atlas) for this License Application	\$
Total Fees from License Guard® worksheet (visit www.alcds.com/licenseguard for more information)	\$
Additional Fees, if required:	\$
Applicant's Tax ID Number must appear on Page One, or processing WILL be delayed.	Total Payment Due \$



This form is your bill. Be sure to return this form, or a copy, with your payment attached for proper credit.

Payment Method

<input type="checkbox"/> Check	Make checks payable to ATLAS for Total Payment Due and MAIL with this form.		
<input type="checkbox"/> Invoice	<input type="checkbox"/> PO #	<i>PO must be paid for Atlas to complete all required application services.</i>	
<input type="checkbox"/> Credit Card	Atlas accepts American Express, Diners Club, Discover, MasterCard, & Visa		
Card Number:	Exp.Date:	Sec Code:	Security Codes: 3 digits found on back of Diners, Discover, MasterCard & Visa and 4 digits on front of American Express.
Please legibly PRINT name appearing on card:			
Card Billing Address (Street, City, State & Zip):			

i Credit card users acknowledge authorization of services in the amount shown above and agree to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature: **X**

Date:

Please PRINT Signer's Name Here: _____

Cardholder is associated with: Applicant Dealer

Our office requires this form to complete the processing of your FCC license application.

Form Date: 2022.10



Home of License Guard® License Management Services



The following questions are taken verbatim from the FCC 601 Form. Signing "Page 4" of FCC Form 601 signifies your agreement with the answers indicated below.
 Changing any answer to any question could affect your eligibility for an FCC license.

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): <input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager
--

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply): <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
43) Does the Applicant propose to provide service interconnected to the public telephone network? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Alien Ownership Questions (If any answer is "Y", provide an attachment explaining the circumstances. In preparing the attachment, refer to the Main Form Instructions for the "Alien Ownership Questions".)

44) Is the Applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
45) Is the Applicant an alien or the representative of an alien?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46) Is the Applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47) 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 checked="" type="checkbox"/> No

48a) 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 or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () Yes No

48b) If the answer to 47 or 48a is 'Y' select one of the choices below.

The Applicant is exempt from the provisions of Section 310(b).

If is not necessary to file a petition for declaratory ruling if the Applicant includes in the attachment required by Item 47 or Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b).

The Applicant has received a declaratory ruling(s) approving its foreign ownership, and the application involves only the acquisition of additional spectrum for the provision of a wireless service in a geographic coverage area for which the Applicant has been previously authorized.

If checked, include in the attachment required by Item 47 or Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available, release date, and a statement that there has been no change in the foreign ownership of the Applicant since the issuance of its ruling.

The Applicant: (i) has received a declaratory ruling(s) approving its foreign ownership, but is not able to make the certification specified immediately above; or (ii) is an "affiliate" of a Licensee or Lessee/SubLessee that received a declaratory ruling(s) under Section 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a), and is relying on the affiliate's ruling for purposes of filing this application as permitted under the affiliate's ruling and Section 1.994(b) of the Rules, 47 C.F.R. § 1.994(b).

If checked, and if the Applicant received its declaratory ruling(s) on or after August 9, 2013, include in the attachment required by Item 47 or Item 48a the citation(s) of the Applicant's declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available, release date, and a statement that the Applicant is in compliance with the terms and conditions of its ruling and with the Commission's Rules.

If checked, and if the Applicant received its declaratory ruling(s) prior to August 9, 2013, include in the attachment required by Item 48a a copy of a petition for declaratory ruling filed contemporaneously with the Commission to extend the Applicant's existing ruling(s) to cover the same radio service(s) and geographic coverage area(s) involved in the application. Alternatively, the Applicant may request a new declaratory ruling pursuant to Section 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a). Petitions for declaratory ruling may be filed electronically on the Internet through the International Bureau Filing System (IBFS) (with a copy attached hereto).

If checked, and if the Applicant is relying on an affiliate's ruling for purposes of filing this application, include in the attachment required by Item 47 or Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available, release date, and a statement that the Applicant is in compliance with the terms and conditions of the named affiliate's ruling and with the Commission's Rules. The Applicant must also include a certification of compliance signed by the named affiliate or other qualified entity as specified in Section 1.994(b) of the Rules, 47 C.F.R. § 1.994(b). See Main Form Instructions for Items 47 or 48a, as applicable.

The Applicant has not received a declaratory ruling approving its foreign ownership and is requesting a declaratory ruling under Section 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a), in a petition filed contemporaneously with the Commission.

If checked, include in the attachment required by Item 47 or 48a a copy of the petition for declaratory ruling filed contemporaneously with the Commission pursuant to Section 1.990(a) of the Commission's Rules, 47 C.F.R. § 1.990(a). Petitions for declaratory ruling may be filed electronically on the Internet through the International Bureau Filing System (IBFS) (with a copy attached hereto).

Basic Qualification Questions

49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(<input checked="" type="radio"/>) Yes <input type="radio"/> No
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	(<input type="radio"/>) Yes <input checked="" type="radio"/> No
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(<input checked="" type="radio"/>) Yes <input type="radio"/> No
If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.	

Aeronautical Advisory Station (Unicom) Certification

52) (<input checked="" type="radio"/>) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service?	(<input checked="" type="radio"/>) Yes <input type="radio"/> No
53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?	(<input checked="" type="radio"/>) Yes <input type="radio"/> No
Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?	(<input checked="" type="radio"/>) Yes <input type="radio"/> No
Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	
55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules?	(<input checked="" type="radio"/>) Yes <input type="radio"/> No
Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	

General Certification Statements

1) The Applicant waives any claim to the use of any particular frequency or of 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 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.
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 this 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 radiofrequency 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.
9) The Applicant certifies that the applicant and all of the related individuals and entities required to be disclosed on this application and FCC Form 602 (FCC Ownership Disclosure Information for the Wireless Telecommunications Services) are not person(s) who have been, for reasons of national security, barred by any agency of the Federal Government from bidding on a contract, participating in an auction, or receiving a grant. This certification applies only to applications for licenses for spectrum that is required by Sections 6103, 6401-6403 of the Middle Class Tax Relief and Job Creation Act of 2012, codified at 47 U.S.C. §§ 309, 1413, 1451-1452, to be assigned by a system of competitive bidding under 47 U.S.C. § 309(j).

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
57) Title:			
Signature:			58) Date:
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			