- ·	v & Data Services 💲 176 West Lo 800-252-0529 / 317-813-4865 🕏	-			
R FCC License Renewal E-Z					R
	Check here ☐ if you've made changes to your radio system!				
То:	•		Date:		
1.					
Licensee Name:					
Contact Person:	Ca	all Sign:	E	xpiration Date:	
Street Address:		EMAI			
City, State, Zip:			County:		
Phone:	Fax:		Mobile:		
Referred to Atlas by:		I ☐ Other (<i>Ple</i>			
-	Dealer (<i>Please Specify</i>): as License Company and Data Services authority to su	,	,		
to obtain passwords as needed from and answers to questions on all forms or any other Federal, State, or Local Services are provided subject to the I	the FCC for purposes of electronic filing processes pe is complete and accurate. The applicant / licensee is so law or ordinance. The information submitted will be n imitations of liability and other conditions contained in A pplicant represents that he or she has authority to sign	rtaining to this renew olely responsible for f eviewed by the FCC Atlas' Terms of Servi	val application. The a fines or penalties resu and inaccuracies or ce. By signing below	applicant confirms the in ulting from violations of I inconsistencies could	nformation given to Atlas FCC rules and regulations lead to fines or penalties
Licensee's Authorized Sign			Da	te:	
(or Licensee's Authorized Represer	,		T:41		
Please Print Signer's Name	<u> </u>		Titl	e:	
(The numbe	er your nine-digit tax ID number: or provided when completing IRS W-9.)				(SSN or EIN)
2. Subscribe to License Guard® Expiration Protection for <u>guaranteed</u> notification several months prior to license expiration. **License Guard® Terms and Conditions available at: http://www.alcds.com/license-guard.html **Add \$80.00 below to subscribe!					
3.					
Total base fee for license re	enewal without technical changes:		\$		
Add \$75 to Remove Wide E	Band Designators:1		\$	This forms	io vova bill
Add \$80 for License Guardo	® Expiration Protection - Guaranteed:		\$		<u>is your bill.</u>
Add \$25 for changes to ma	iling address, phone, contact:				icable FCC fees. rn a copy of this
Express Filing Required (10	Business Days or less to Expiration) Add \$	100: 🗌 🔄	\$		ur payment.
Add the Above Items for	Total Amount Due:	(\$	Sin With you	ar paymont.
Atlas must receive this completed form and full payment more than 10 business days prior to the license expiration date or a \$100.00 Express Filing Fee WILL apply in addition to the standard renewal fee. Renewal applications received after the expiration date cannot be filed without a waiver, at additional expense. Payment and a Completed, Signed Renewal form must be received before your renewal is filed.					
Check (Make check p	payable to "Atlas" and mail with this form	·)			
☐ Invoice – PO # Require		ı. ₎			
Credit Card*	a. Atlas accepts American Ex	press Diners C	Club. Discover J	MasterCard & Vi	sa
Card Number:	Titlad accopte TitleTouri Ex	Exp. D		CVV2 (sec	
	edge authorization of services in the amout with the issuer.			,	,
Sign: X			Date:		
Please legibly PRINT signe	r's name.				
Name appearing on Credit	Card, if different from above:				
Billing Address for Credit C	ard (Street, City, State & Zip):				

¹ Per <u>FCC Public Notice</u> of March 6, 2014: Licenses with wideband emission designators should be modified to remove them to prevent dismissal of a renewal application.