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## ATLAS LICENSE COMPANY & DATA SERVICES

Phone  
317-813-4865  
800-252-0529

176 West Logan Street, Suite 227  
Noblesville, IN 46060-1437  
www.alcds.com

Fax  
317-900-7940

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### *Keep Your License Compliant and Protect Your License from Cancellation and Expiration with License Guard® ADVANTAGE*

- Atlas will provide written notice when it's time to **Renew** your license providing **guidance** and **options**.
- License Guard® **ADVANTAGE** also includes completion & filing of **Schedule K** to satisfy the FCC Construction Deadline **requirements**,
- **AND** One **FREE** "Administrative Update" to keep your contact information current with the FCC! (*\$50.00 Value*)

**From NOW through the end of March 2019: 25% Off License Guard® ADVANTAGE!**

**YES, add my granted license to License Guard® ADVANTAGE for FULL PROTECTION!     ~~\$170.00~~ \$125.00**

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### **License Guard® Renewal Notice Only**

**License Expiration notice several months in advance of impending License Expiration: Guaranteed!**

**YES, add my granted license to License Guard® Renewal Notice Only:     \$ 80.00**

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### **License Guard® Construction Only**

**Provides notice and filing of the system construction notice as required by the FCC.**

**YES, add my granted license to License Guard® Construction Only:     \$ 120.00**

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**Get License Guard® NOW!** To subscribe to License Guard®, list your license call sign(s) on the line below, or use a separate page, and complete the Contact Information section of this form. Choose one of the options above and sign where indicated below. Atlas will invoice you based on your selection and quantity of call signs listed. Your subscription is effective upon payment of your invoice. Thank you for subscribing to **License Guard®!**

**IMPORTANT: Review License Guard® Terms and conditions at <http://www.alcds.com/license-guard.html>**

List Call Sign(s) Here: \_\_\_\_\_

Atlas will send all notices to the address you provide here. Please inform Atlas of changes to your mailing address to ensure our notices reach you!

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

Contact Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Company / Licensee / Applicant: \_\_\_\_\_

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View the complete details of the License Guard® program on our web site: [www.alcds.com/license-guard/](http://www.alcds.com/license-guard/)

Form Date: 2019.01



Home of License Guard® License Management Services

