

BROADCAST TOWERS, INC.

DATE SUBMITTED: _____

PO Box 292714, Lewisville, Texas 75029
Phone: (972) 292-1975 Fax: (972)-292-1965

ANTENNA SITE APPLICATION / REQUEST FOR OCCUPANCY

Please complete the following application for the site(s) you are interested in constructing or installing upon. This information is used to assess occupancy suitability and for preparation of the Antenna Site License.

SITE LICENSEE

NAME: _____

IS LICENSEE OPERATING UNDER A DIFFERENT NAME? YES NO

If "Yes", please list the Licensee name as it should appear on the license document below. Please note that formal documentation evidencing legal changes of corporate names will be required for our records.

LICENSEE NAME (as it should appear on license document): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____

BILLING ADDRESS: _____

WHO WILL SIGN THE LICENSE? NAME: _____ TITLE: _____

ENTITY TYPE: (PARTNERSHIP, CORPORATION, ETC.): _____

CONTACT PERSON: _____

PHONE (IF DIFFERENT): _____ EMAIL ADDRESS: _____

BTI SITE(S):

NAME OF ANTENNA SITE(S) REQUESTED: _____ BTI SITE NO(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COORDINATES: Latitude: N _____ Longitude: W _____

LICENSEE SITE NAME AND NUMBER, IF DIFFERENT: _____

LICENSEE FCC LICENSE: Call Sign: _____ Expiration Date: _____

TECHNOLOGY TYPE: CELLULAR BROADCASTING LAND MOBILE PCS
 PAGING TV WIRELESS DATA

OTHER (please specify): _____

ANTENNAS & TRANSMISSION LINES:

Licensee owned antenna(s): **OR** Multiplexer port of Lessor's antenna:

Total # of Antennas: _____ # of Feedlines: _____

Ant #1: Transmit: _____ Receive: _____

To be mounted: **OR** Currently mounted:

Mounting Height: _____ ft. or rooftop (circle) _____ Tower leg: _____ Weight: _____

Antenna Mfg/Model: _____ Length: _____

Antenna Mount: _____ Weight: _____

Feedline Mfg/Type: _____ Diameter: _____

Ant #2: Transmit: _____ Receive: _____

To be mounted: **OR** Currently mounted:

Mounting Height: _____ ft. or rooftop (circle) _____ Tower leg: _____ Weight: _____

Antenna Mfg/Model: _____ Length: _____

Antenna Mount: _____ Weight: _____

Feedline Mfg/Type: _____ Diameter: _____

(Add additional antenna information if needed and attach)

BASE STATION EQUIPMENT:

Currently Installed: Licensee's Building/Pad: **OR** Lessor's Building/Pad:

To be installed: Licensee's Building/Pad: **OR** Lessor's Building/Pad:

Equipment Mfg/Model: _____ Digital: _____ Analog: _____

Type (Terminal, Transmitter, Repeater, etc.): _____

of Cabinets: _____ Cabinet Dimensions: (W _____ x D _____ x H _____)

of Racks: _____ Rack Dimensions: (W _____ x D _____ x H _____)

Floor Space: _____ ft x _____ ft (sq. ft. _____) **OR** Ground Space: _____ ft x _____ ft (sq. ft. _____)

Power Requirements

Power Requirements (volts): _____ AC Requirements (BTU): _____

Required AC Breaker (amps): _____ AC Line Voltage (volts): _____

Transmit Power (watts): _____ Effective Radiated Power (watts): _____

Maximum AC Current Draw @ Given Line Voltage (amps): _____

Channels/Frequencies

of Channels / Frequencies: _____

Transmit Frequencies (List each channel): _____

Receive Frequencies (List each channel): _____

Filters/Duplexers: _____ GPS: _____

SATELLITE ANTENNAS:

To be mounted: **OR** Currently mounted: Description: _____

Size: _____ Pole-Mount or Mounting Height: _____

TOWER CREW:

Company Name: _____

Contact Name: _____ Phone #: _____ Fax #: _____

INSTALLATION DATE: Anticipated install date: _____ OR if already installed, date installed: _____

ADDITIONAL COMMENTS OR INSTRUCTIONS: _____

