APPLICATION FOR INCLUSION IN THE REGION 55 NEW YORK-BUFFALO PLAN FOR CHANNELS IN THE 821-824 / 866-869 MHZ BAND

1. I.D. Number: _____ 2. Status: _____ 3. Service: _____ 4. Application Date: __ / __ / __ 5. Page: __ of __

6 Agency Name: _____ 7. Agency Street: _____ 8. Agency City: _____

9. Agency County: _____ 10. Agency State: _____ 11. Agency Zip Code: _____ 12. Contact Name: _____

13. Preparer Name: _____ 14. Preparer Phone: _____ 15. Contact Phone: _____

16. Area of Operation: Is _____ Miles Radius of Station A
or is _____ Miles radius of Coordinates
Lat. ____ - ____ - ____ Long. ____ - ____ - ____
Or is: ☐ Countywide ☐ Statewide ☐ Nationwide
☐ Other _____

17. System License? ☐ Yes ☐ No

18. ☐ New Station
☐ New Single Frequency
☐ New Frequency Pair (Duplex/Mobile Relay)
☐ Modification

19. Previous Call Signs:
_____
_____
_____
_____

20. Frequency Band
Use this form only to register for allocation of 800 MHz channels under Docket 87-112, Regional Plan

21. ☐ Trunked
☐ Conventional
☐ Slow Growth

22. Number of Requested Channels: _____

25. Eligibility Rules: _____

23. Number of Mobiles by Category
Vehicular: _____
Portable: _____
Aircraft: _____
Marine: _____
Pagers: _____

24. Location of Primary Control
_____
_____
_____
_____
_____

29. Station Street or Geographical Location	30. City	31. County /	32.State
A			
B			
C			
D			
E			
F			

26. Concurrences:

Agency	Y	N	Agency	Y	N

27. Applicant Remarks: _____

28. Coordinator Remarks: _____

33.	34. NEW	34. MOD	34. EXT	35. Trans Frequency	36. Receive Frequency	37. Class	38. No. Of Units	39. Emission Designator	40. Out-put Power	41. Ant. Gain	42. ERP
A											
B											
C											
D											
E											
F											

43. DIR	44. Ant. Down Tilt	45. AAT	46. Ground Elev.	47. Ant. Ht. to Tip	48. Latitude	49. Longitude	50. Trans Squelch Tone	51. Receive Squelch Tone