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|--|---|
| USDA Forest Service<br>Technical Data<br>Communication<br>Type-Land Use<br>(Ref. FSM 2700) | <b>INSTRUCTIONS:</b> Applicant completes system items 1 to 16, and submit this form, license(s), along with an application to place communication equipment on National Forest System land. This form is authorized by Federal Land Policy and Management Act of 1976, P. L. 94-579 to evaluate the requested use and no authorization may be issued unless this form is completed. |
|--|---|

**1. Applicant's Name** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Telephone Number:** (    ) -    -

**2. Location Applied For:**      Site Name: \_\_\_\_\_      Forest: \_\_\_\_\_      District: \_\_\_\_\_

**3. Technical Data:**

|  |                     |
|--|---------------------|
| <b>a. License number and call sign</b>               |                     |
| <b>b. Date license issued</b>                        | <i>(mm/dd/yyyy)</i> |
| <b>c. FCC/NTIA eligibility</b>                       |                     |
| <b>d. Class of service (FCC/NTIA symbol)</b>         |                     |
| <b>e. Type of emission (FCC/NTIA symbol)</b>         |                     |
| <b>f. Transmit output power (watts)</b>              |                     |
| <b>g. Transmit output (Effective Radiated Power)</b> |                     |
| <b>h. CTCSS control tone (Hz)</b>                    |                     |
| <b>i. Receive frequency crystal</b>                  |                     |
| <b>j. Reciver IF frequency 1</b>                     |                     |
| <b>Frequency 2</b>                                   |                     |
| <b>k. Receive frequency</b>                          |                     |
| <b>l. Transmit frequency</b>                         |                     |
| <b>Multi 1</b>                                       |                     |
| <b>Multi 2</b>                                       |                     |
| <b>Multi 3</b>                                       |                     |
| <b>Multi 4</b>                                       |                     |
| <b>Output</b>  |                     |

**4. Control Method**      Wireline:       Radio Link       Local   
                                  Repeater       Microwave       Other:

**5. Control Frequency:**

**6. Antenna Type:**      Omnidirectional       Directional       Polarization       Gain      dB  
                                  Height to top of antenna from ground level      ft.      Dish Diameter      ft.  
                                  Beam path with      deg.      Azimuth      deg.      Tilt      +/- deg.  
                                  Name of place beam goes to      Beam path length      ft.

**7. Tower Type**      Pole – Guyed       Self-Supporting       Height      ft.  
                                  Metal – Guyed       Self-Supporting       Height      ft.

**8. Ground elevation above sea level at the base of the tower:**      ft.

**9. Tower:**      Latitude:      Longitude:

**10. Chief Engineer or Service Company:**

Street Address:  
 City:      State:      Zip Code:  
 Phone Number:      (    )    -      Emergency Number:      (    )    -

**11. Will station have commercial power?**      Yes       No:   
**12. Will station have standby power plant?**      Yes       No:   
**13. Will station have commercial telephone?**      Yes       No:

Area code and phone number: (    )    -

**14. Attached (check appropriate block(s)) :**  
 Current FCC License/NTIA Radio Frequency Authorization  
 FCC License Application  
 FCC Construction Permit with Land Owner (FS) sign-off

**15. Additional Information:**

NOTICE: Title 18, U.S.C. Section 1001, makes it a crime for any person to knowingly and willfully make any false, fictitious, or fraudulent statements or representations to matters under the jurisdiction of the United States Government.

16. Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

|                                |              |                          |
|--------------------------------|--------------|--------------------------|
| <b>FOREST SERVICE USE ONLY</b> |              |                          |
| Certify Technical Review       |              |                          |
| Name: _____                    | Title: _____ | Date: _____ (mm/dd/yyyy) |

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