

UNLICENSED WIRELESS MICROPHONE (AND OTHER AUXILIARY LOW POWER DEVICE) VENUE REGISTRATION

FRN: _____

Password _____

Radio Service Code: _____

| Purpose | | | | | |
|---------|-----------|-----------------------|--------------|------------|---------|
| New | Amendment | Administrative Update | Cancellation | Withdrawal | Renewal |

File Number/Registration Number (AM, AU, CA, WD, RO): _____

Does this application include a waiver request? YES NO

UNLICENSED WIRELESS MICROPHONE (AND OTHER AUXILIARY LOW POWER DEVICE) VENUE REGISTRATION

Are there at least six devices on each of the reserved channels?

YES. List the reserved channels, the names of the user(s) operating on each channel if not "Self", and the number of wireless microphones each user will operate during the times requested. (Generally, 6-8 wireless microphones can be used on each TV channel.)

No. List the reserved channels that are being used, the names of the user(s) operating on each channel if not "Self", and the number of wireless microphones each user will operate during the times requested (Optional). You **MUST** provide an attachment explaining why there are not 6-8 microphones on each channel.

| TV Channel Number _____ | |
|--------------------------------------|-------------------|
| User | Number of Devices |
| <input type="checkbox"/> Self | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

| TV Channel Number _____ | |
|--------------------------------------|-------------------|
| User | Number of Devices |
| <input type="checkbox"/> Self | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

UNLICENSED WIRELESS MICROPHONE (AND OTHER AUXILIARY LOW POWER DEVICE) VENUE REGISTRATION

Are there at least six devices on each of the other available channels?

YES. List the other available TV channel(s), the names of the user(s) operating on the reserved each channel if not "Self", and the number of wireless microphones each user will operate during the time requested. (Generally, 6-8 wireless microphones can be used on each TV channel.)

NO. List the other available TV channel(s) that are being used, the names of the user(s) operating on the each channel if not "Self", and the number of wireless microphones each user will operate during the times requested (Optional). You **MUST** provide an attachment explaining why there are not 6-8 microphones on each channel.

| TV Channel Number _____ | |
|--------------------------------------|-------------------|
| User | Number of Devices |
| <input type="checkbox"/> Self | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

| TV Channel Number _____ | |
|--------------------------------------|-------------------|
| User | Number of Devices |
| <input type="checkbox"/> Self | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

NOTE: List up to the number of available channels from above question.

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I certify, as registrant (or authorized agent of the registrant), that I cannot accommodate all of the unlicensed wireless microphones that I intend to use at this venue on the wireless microphone channels during the time(s) requested, and I need additional channel(s). () YES () NO

Registrant Name: _____
Registrant ATTN: _____
Registrant P.O. Box: _____
Registrant Street Address: _____
Registrant City: _____
Registrant State: _____
Registrant Zip Code: _____
Registrant Telephone Number: _____
Registrant Fax Number: _____
Registrant Email Address: _____

() Check here if same as Registrant

Contact Name: _____
Contact ATTN: _____
Contact P.O. Box: _____
Contact Street Address: _____
Contact City: _____
Contact State: _____
Contact Zip Code: _____
Contact Telephone Number: _____
Contact Fax Number: _____
Contact Email Address: _____

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| | |
|-------------------------|--|
| Name of Venue | |
| Type of Venue | <input type="checkbox"/> Stadium/Arena |
| | <input type="checkbox"/> Theater |
| | <input type="checkbox"/> Concert Hall |
| | <input type="checkbox"/> House of Worship |
| | <input type="checkbox"/> Other-Provide Description |
| Street Address | |
| City | |
| County | |
| State | |
| Zip Code | |
| Type of Location | <input type="checkbox"/> Discreet coordinates |
| | <input type="checkbox"/> Area defined by 4 points |

| Latitude (DD-MM-SS.S) N or S | Longitude (DDD-MM-SS.S) E or W |
|---------------------------------|-----------------------------------|
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UNLICENSED WIRELESS MICROPHONE (AND OTHER AUXILIARY LOW POWER DEVICE) VENUE REGISTRATION

Would you like to provide your schedule as single events or weekly recurring events?

| | |
|------------------------------|------------------|
| () Single Event | |
| Start Date _____(MM/DD/YYYY) | Start Time _____ |
| End Date _____(MM/DD/YYYY) | End Time _____ |

| | |
|---|----------------------------|
| () Weekly Recurring Event | |
| Start Time _____ | End Time _____ |
| ()Sunday ()Monday ()Tuesday ()Wednesday ()Thursday ()Friday ()Saturday | |
| Start Date _____(MM/DD/YYYY) | End Date _____(MM/DD/YYYY) |

UNLICENSED WIRELESS MICROPHONE (AND OTHER AUXILIARY LOW POWER DEVICE) VENUE REGISTRATION

List the minimum and maximum number of additional channels needed to accommodate your wireless microphones. The maximum number will represent the maximum number of TV channels that you can register in the TVWS database. Also list the maximum number of wireless microphones that you will be using.

| Number of TV Channels | | Maximum Number of Wireless Microphones that you will be using. |
|-----------------------|---------|---|
| Minimum | Maximum | |
| | | |

I certify that I will be operating all unlicensed wireless microphone or low power auxiliary devices consistent with the technical requirements for such use, including that unlicensed wireless microphones or low power auxiliary devices must not be operated at a power level in excess of 50 milliwatts absent a waiver from the Commission. [Cite legal authority from the 700 MHz R&O (FCC 10-16)]

I certify that all statements made on this application and in the exhibits or documents are true, correct, and made in good faith.

I certify that I am not in default on any payment for Commission licenses and that I am not delinquent on any non-tax debt owed to any federal agency.

First Name _____ **MI** ____ **Last Name** _____ **Suffix** _____

Title or Relationship to Registrant _____

Signature _____ **Date** _____