

# 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.

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

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: \_\_\_\_\_

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

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

# 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?

<input type="checkbox"/> Single Event	
Start Date _____ (MM/DD/YYYY)	Start Time _____
End Date _____ (MM/DD/YYYY)	End Time _____

<input type="checkbox"/> Weekly Recurring Event	
Start Time _____	End Time _____
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> 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 TWWS 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 \_\_\_\_\_

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