

Technical Data Schedule for the Private Land Mobile and Land Mobile Broadcast Auxiliary Radio Services (Parts 90 and 74)

Eligibility

1) Rule Section:	2) Describe Activity:
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Frequency Coordinator Information (if not self-coordinated)

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
7) Has this application been successfully coordinated?			() Yes/No

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	() Yes/No
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Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this Applicant is a: () <input type="checkbox"/> Cable Network Entity <input type="checkbox"/> Broadcast Network Entity <input type="checkbox"/> Television Cable Operator <input type="checkbox"/> Large Venue Owner or Operator <input type="checkbox"/> Motion Picture Producer <input type="checkbox"/> Professional Sound Company <input type="checkbox"/> Television Producer			14) State of Primary Operation:

Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number

