

ULS Login

FRN: _____

Password _____

(Note: Log into ULS Inbox)

Admin Info

Radio Service Code: _____

(Note: Need to determine that it's a wireless microphone registration. This could be done with a special link.)

Purpose					
New	Amendment	Administrative Update	Cancellation	Withdrawal	Renewal

File Number/Registration Number: _____

(Note: Will dynamically display when needed)

Does this application include a waiver request? () Yes () No

Qualifying for Registration

To register your unlicensed wireless microphones to avoid receiving interference from TV Bands Devices, you must demonstrate that you will be using more unlicensed wireless microphones than you can accommodate on the wireless microphone channels. To do this you must take the following steps:

1. Determine the venue's location (latitude/longitude), the time(s) you will be operating, and the number of unlicensed wireless microphones that you will need.
2. Contact a TVWS Database Administrator to identify the wireless microphone channels at your location. These are the two reserved channels, as well as other channels that can be used by wireless microphones but not TV Bands Devices.
3. Determine if all of your unlicensed wireless microphones cannot be accommodated on the wireless microphone channels.
4. Provide the information requested on the following screens.

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

Qualifying for Registration

Use of Reserved Channels at the Venue

Will you be using the reserved channel(s)?

() YES – ALL () YES – SOME () NO

- a) If Yes, list the reserved channels and the number of wireless microphones that you will use on each channel during the times requested. (Generally, 6-8 wireless microphones can be used on each TV channel.)

TV Channel _____	_____ (# of devices)
TV Channel _____	_____ (# of devices)

- b) If No, or if you are not using all of the two reserved channels, indicate the reason.

	Another licensed or unlicensed user at the venue will be using wireless microphones on reserved channel(s) during the times requested.
User _____	TV Channel _____ # of devices _____
User _____	TV Channel _____ # of devices _____
Other – Provide an explanation in an attachment.	
3	

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

Qualifying for Registration

Use of Other Available Channels at the Venue

Will you be using the other available channel(s)?

YES – ALL YES – SOME NO

a) If Yes, list the other available channel(s) and the number of wireless microphones that you will use on each channel during the times requested. (Generally, 6-8 wireless microphones can be used on each TV channel.)

TV Channel _____	_____ (# of devices)
TV Channel _____	_____ (# of devices)
TV Channel _____	_____ (# of devices)

b) If No, or if you are not using all of the other available channels, indicate the reason.

Another licensed or unlicensed user at the venue will be using wireless microphones on the other available channel(s) during the times requested.	
User _____	TV Channel _____ # of devices _____
Other – Provide an explanation in an attachment.	

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

**Qualifying for Registration
Certification**

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

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

Qualifying for Registration Results

(Note: One of the following messages will be displayed)

- You qualify for a registration. Please continue to finish your application.

OR

- You do not qualify for a registration for the following reasons:

(Note: A list of reasons will be dynamically populated based on the responses to the previous questions)

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

Registrant Information

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

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

Contact Information

() Check here if same as Registrant

Name: _____

ATTN: _____

P. O. Box: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

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

Venue Information

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 coordinate(s) with protection radius. <input type="checkbox"/> Area defined by coordinates.

Latitude	Longitude

(Note: Additional coordinates will be accepted)

UNLICENSED WIRELESS MICROPHONE (AND OTHER LOW
POWER AUXILIARY DEVICE) VENUE REGISTRATION
Schedule/Times Requested

Single Events	OR	Re-occurring Events
Start YY/MM/DD : Time	End YY/MM/DD : Time	Usage Time: Start Time _____ End Time _____
		Pattern: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		Recur Every _____ (Day/Week/Month/Year) on:
		<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
		Range of recurrence Start Date: _____ End Date: _____

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

**UNLICENSED WIRELESS MICROPHONE (AND OTHER LOW
POWER AUXILIARY DEVICE) VENUE REGISTRATION**
Certifications & Signature

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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