

**SITE LICENSE APPLICATION**

ACCOUNT MANAGER _____	PHONE NUMBER _____
OPS CONTACT _____	PHONE NUMBER _____
DATE OF SUBMITTAL _____	SPECIAL PROJECT _____

**SITE INFORMATION**

TA SITE NAME	TA SITE NUMBER			
CUSTOMER SITE NAME	CUSTOMER SITE NUMBER			
ADDRESS				
CITY	COUNTY	STATE	ZIP	
LATTITUDE (DGS-MIN-SEC)	LONGITUDE (DGS-MIN-SEC)	TA CUSTOMER NUMBER		

**CUSTOMER CONTACT INFORMATION**

CUSTOMER NAME (PARENT COMPANY)	STATE OF INCORPORATION
COLO PACKAGE NOTIFICATION ADDRESS	ATTN
CITY	
STATE	ZIP

FIRM OR CONTACT NAME	PHONE	FAX	EMAIL
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RF ENGINEER			
CONSTRUCTION ENGINEER			
REAL ESTATE/SITE ACQ			
INSTALLATION CONTRACTOR			
ACCOUNTS PAYABLE			
OTHER			

**GROUND SPACE REQUIREMENTS**

LOCATION OF CUSTOMER EQUIPMENT	INDOOR CABINETS (ATC BLDG) <input type="checkbox"/>	OUTDOOR SHELTER <input type="checkbox"/>	CABINET <input type="checkbox"/>	
# OF RACKS/CABINETS/BTS	SHELTER/CABINET/BTS DIMENSITONS (HxLxW) (ft)			
LEASED GROUND SPACE DIMENSIONS (HxLxW) (ft)	CONCRETE PAD DIMENSIONS (HxLxW) (ft)			
ADDITIONAL GROUND SPACE REQUIREMENTS FOR GENERATOR	POWER PROVIDED BY: TA PROVIDED <input type="checkbox"/> UTILITY CO DIRECT <input type="checkbox"/>			
TELCO/INTERCONNECT REQUIREMENTS	POTS <input type="checkbox"/>	T1 <input type="checkbox"/>	MICROWAVE <input type="checkbox"/>	FIBER OPTICS <input type="checkbox"/>
GENERATOR INFORMATION	APPLICANT PROVIDED <input type="checkbox"/> NONE <input type="checkbox"/>			
	MANUFACTURER	MAKE/	MODEL	CAPACITY (KW)
	FUEL TYPE	TANK SIZE	BODY TYPE	

**BUILDING/SHELTER EQUIPMENT SPECIFICATIONS**

	TRANSMITTER #1	TRANSMITTER #2	TRANSMITTER #3	TRANSMITTER #4	TRANSMITTER #5	TRANSMITTER #6
MANUFACTURER						
TYPE & MODEL						
TYPE of SERVICE						
TX POWER OUTPUT						
ERP						
AVERAGE MONTHLY PWER CONSUMPTION (if applicable)						
ELECTRIC SERVICE REQUIRED (Amps/Volts)						
COMBINER/# of PORTS (Applicable only if using Master Combining System)						

**ANTENNA EQUIPMENT SPECIFICATIONS**

	SECTOR #1	SECTOR #2	SECTOR #3	DISH	TTA/MHA	GPS
ANTENNA QUANTITY						
INSTALLATION STATUS: Indicate either Existing, Removing, Proposed, or Never Installed						
TRANSMIT OR RECEIVE						
MANUFACTURER						
TYPES OF ANTENNA						
MODEL #						
ANTENNA WEIGHT (Per Antenna)						
ANTENNA DIMENSIONS (HxWxD) (Indicate feet or inches)						
ANTENNA MOUNT HEIGHT (ft)						
RAD CENTER AGL (ft)						
MOUNT TYPE (Flush, Platform, Pipe, T-frame, etc.)						
TOWER LEG						
DIRECTION of RADIATION						
TX FREQUENCY						
RX FREQUENCY						
ANTENNA GAIN						
# of LINES PER ANTENNA						
LINE TYPE						
LINE DIAMETER						

Is equipment transmitting on unlicensed frequencies? (check box)      YES            NO     

**FOR TA USE - ACCOUNT MANAGER**

MLA RESERVATION	MLA LICENCE OR LEASE	<input type="checkbox"/>	SLA	<input type="checkbox"/>	AMENDMENT TO EXISTING LEASE	<input type="checkbox"/>	REWRITE ON TA PAPER	<input type="checkbox"/>	BTS ANCHOR TENANT	<input type="checkbox"/>
IS APPLICATION FEE REQUIRED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
WILL TA BE PERFORMAIN AZP WORK?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	IF YES, AT WHAT COST?					

NOTES TO FEASIBILITY:

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**FOR TA USE - FEASIBILITY**

IS THIS SITE SUBJECT TO RIGHT OF FIRST REFUSAL?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
IS THIS GROUND LEASE SUBJECT TO REVENUE SHARE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
STRUCTURAL ANALYSIS	TA REQUIRED	<input type="checkbox"/>	NOT REQUIRED BY TA	<input type="checkbox"/>	PERFORMED AT CUSTOMER REQUEST	<input type="checkbox"/>
SSIS	TA REQUIRED	<input type="checkbox"/>	NOT REQUIRED BY TA	<input type="checkbox"/>	PERFORMED AT CUSTOMER REQUEST	<input type="checkbox"/>
ENVIRONMENTAL REVIEW	CLEARED BY TA	<input type="checkbox"/>	FURTHER REVIEW REQUIRED BY TA	<input type="checkbox"/>		
IS TOWER PAINTED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
IS POST AM STUDY REQUIRED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

APPROVAL CONDITIONS:

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FEASIBILITY SPECIALIST APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_