INSTRUCTIONS: Applicant completes system items 1 to 16, and submit this form, license(s), along with an application to place communication equipment on National Forest System land. This form is authorized by Federal Land Policy and Management Act of 1976, P.L. 94-579 to evaluate the requested use and no authorization may be issued unless this form is completed.

1. Applicant's Name: 
   Street Address: 
   City State & Zip Code: 
   Telephone Number: ( ) 

2. Location Applied For:
   Site Name: 
   Forest: 
   District: 

3. Technical Data:
   a. License number and call sign 
   b. Date license issued (mm/dd/yyyy)
   c. FCC/NTIA eligibility 
   d. Class of service (FCC/NTIA symbol)
   e. Type of emission (FCC/NTIA symbol)
   f. Transmit output power (watts)
   g. Transmit output (Effective Radiated Power)
   h. CTCSS control tone (Hz)
   i. Receive frequency crystal 
   j. Receiver IF frequency 1
      frequency 2
   k. Receive frequency 
   l. Transmit frequency crystal 
      Multi 1 
      Multi 2 
      Multi 3 
      Multi 4 
   Output 

Page 1 of 3
4. Control Method:
   - Wireline ☐
   - Radio Link ☐
   - Repeater ☐
   - Microwave ☐
   - Local ☐
   - Other ☐

5. Control Frequency ________

6. Antenna Type:
   - Omnidirectional ☐
   - Directional ☐
   - Polarization ☐
   - Gain ________ dB

   Height to top of antenna from ground level ________ ft.; Dish Diameter ________ ft.

   Beam path with ________ deg.; Azimuth ________ deg.; Tilt ________ +/- deg.;

   Name of place beam goes to: ________ Beam path length ________ ft.

7. Tower Type: Pole – Guyed ☐ Self-Supporting ☐ Height ________ ft.
   Metal – Guyed ☐ Self-Supporting ☐ Height ________ ft.

8. Ground elevation above sea level at the base of the tower ________ ft.


10. Chief Engineer or Service company: ________

    Street Address: ________

    City ________ State ________ Zip Code ________

    Phone Number ( ) - ________ Emergency Number ( ) - ________
11. Will station have commercial power?  
   Yes ☐  No ☐

12. Will station have standby power plant?  
   Yes ☐  No ☐

13. Will station have commercial telephone?  
   Yes ☐  No ☐
   Area code and Phone number (___) ___

14. Attached (check appropriate block(s)):
   ☐ Current FCC License/NTIA Radio Frequency Authorization
   ☐ FCC License Application
   ☐ FCC Construction Permit with Land Owner (FS) sign-off

15. Additional Information:

NOTICE: Title 18, U.S.C. Section 1001, makes it a crime for any person to knowingly and willfully make any false, fictitious, or fraudulent statements or representations to matters under the jurisdiction of the United States Government.

16. Applicant’s Signature: ___________________________  Title: ___________  Date: ___________ (m/dd/yyyy)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond, to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. Response to this collection of information is mandatory. The authority to collect the information is the Organic Administration Act, 16 U.S.C. 551. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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