Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: File Number:

FCC 601 Main Form

FCC Application for Radio Service Authorization: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB
3060 - 0798
See instructions for

1)	Radio Service Code:	1a) Existing Radio Service Code:	public burden estimate
'/	IG	Ta) Existing Radio Gervice Gode.	
Gen	eral Information		
2)		al/Modification WD - Withdrawal of Application EX - Requests	Notifications for Extension of Time ed Location/Link
3a)		opmental License, De <u>m</u> onstration License, or a <u>S</u> pecial Tempora nd attach the required exhibit as described in the instructions. Otherw	
3b)		rary Authority due to an emergency situation, enter 'Y'; otherwise enter 'I of situations considered to be an emergency.	N'. () <u>Y</u> es <u>N</u> o
4)	If this application is for an Amendmer on file with the FCC.	nt or Withdrawal, enter the file number of the pending application currer	ntly File Number
5)	License, or Administrative Update, ent	, Renewal Only, Renewal/Modification, Cancellation of License, Duplication of the existing FCC license. tion/Link, enter the FCC call sign assigned to the geographic license.	ate Call Sign
6)	If this application is for a New, Am authorization expiration date (this item	nendment, Renewal Only, or Renewal/Modification, enter the request is optional).	MM DD
7)	applicable radio service rules found in	in §1.929 of the Commission's Rules when read in conjunction with a Parts 22 and 90 of the Commission's Rules? (NOTE: This question of ions. See the instructions for applicability and full text of §1.929).	
8)	Are attachments (other than associated	d schedules) being filed with this application?	(N) <u>Y</u> es <u>N</u> o
Fees	, Waivers, and Exemptions		
9) I	s the Applicant exempt from FCC applic	ation fees?	(N) <u>Y</u> es <u>N</u> o
10)	Is the Applicant exempt from FCC regu	latory fees?	(N) <u>Y</u> es <u>N</u> o
11a		et for a Waiver of the Commission's Rule(s)? e number(s) and explaining circumstances.	(N)Yes No
	o) If 11a is 'Y', enter the number of rule		Number of Rule Section(s):
12)	Are the frequencies or parameters req approved by waiver, or functionally int	uested in this filing covered by grandfathered privileges, previously egrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

40) FOO Desiletastica Number (FDN)							
13) FCC Registration Number (FRN): 0026202325							
14) Applicant/Licensee Legal Entity Type: (Select Or () Individual ()Unincorporated Association		rust ()Government	Entity ()Corporation	on (X)Lim	ted Liability Compar
() General Partnership () Limited Partner	rship () Lim	nited Liability Partn	ership () Conso	rtium	
() Other:		,	•		,		
15) If the Licensee name is being updated, is the up							() <u>Y</u> es <u>N</u> o
to another party and for which proper Commi- provided?	ssion appr	oval has	not been receiv	ed or proper	r notification	not	
16) First Name (if individual):	1	MI: L	ast Name:			•	Suffix:
17) Legal Entity Name (if other than individual):							
SHEEPDOG DEFENSE GROUP, LLC							
18) Attention To:							
DAVID RIGGALL							
19) P.O. Box:	And/O	20) S	treet Address:				
		14	473 MIL OAKS I				
21) City:				22) State:		23) Zip Code	:
FORT WORTH				TX		76135	
24) Telephone Number:			25) FAX:				
(817)917-8411							
26) E-Mail Address:							
david@sheepdogdefensegroup.com							
7) Demographics (Optional):							
Race:	Ethni	- * *					
			or Latina		Gend		
()American Indian or Alaska Native	()	Hispanio	c or Latino		()	Male	
()American Indian or Alaska Native	()	Hispanio	or Latino panic or Latino		()		
()American Indian or Alaska Native ()Asian	()	Hispanio			()	Male	
()American Indian or Alaska Native ()Asian	()	Hispanio			()	Male	
 ()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander 	()	Hispanio			()	Male	
 ()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White 	()	Hispanio			()	Male	
 ()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White Leal Party in Interest 28) Name of Real Party in Interest of Applicant (If different contents) 	()	Hispanio		gistration Nu	()	Male Female	in Interest:
 ()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander 	()	Hispanio	panic or Latino	gistration Nu	()	Male Female	in Interest:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant) () Check here if same as Applicant.	()	Hispanic	29) FCC Re	gistration Nu	()	Male Female	
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant) () Check here if same as Applicant.	()	Hispanio	panic or Latino	gistration Nu	()	Male Female	in Interest: Suffix:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White Real Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant) Check here if same as Applicant. 30) First Name:	()	Hispanic	29) FCC Re	gistration Nu	()	Male Female	
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant)	()	Hispanic	29) FCC Re	gistration Nu	()	Male Female	
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: 11) Company Name: FIT	()	Hispanic	29) FCC Re	gistration Nu	()	Male Female	
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: FIT	()	Hispanic	29) FCC Re	gistration Nu	()	Male Female	
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant) Check here if same as Applicant. 30) First Name: 31) Company Name: FIT 32) Attention To: FREQUENCY COORDINATION DEPT	()	MI: 34) Str	29) FCC Replace Last Name:	gistration Nu	()	Male Female	
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)	fferent from	MI: 34) Str	29) FCC Restance Last Name:		()	Male Female of Real Party	Suffix:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant)	fferent from	MI: 34) Str	29) FCC Reg Last Name: reet Address: 65 OAK ST 36) Stat		()	Male Female of Real Party	Suffix:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White Leal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant) Check here if same as Applicant. 30) First Name: 31) Company Name: FIT 32) Attention To: FREQUENCY COORDINATION DEPT 33) P.O. Box: 35) City: EUGENE	fferent from	MI: 34) Str	29) FCC Restance Last Name:		()	Male Female of Real Party	Suffix:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant) Check here if same as Applicant. 30) First Name: 31) Company Name: FIT 32) Attention To: FREQUENCY COORDINATION DEPT 33) P.O. Box: 55) City: EUGENE 38) Telephone Number: (541)485-8441	fferent from	MI: 34) Str	29) FCC Reconstruction Last Name: reet Address: 65 OAK ST 36) Stat OR	e:	()	Male Female of Real Party	Suffix:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White Real Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant)	fferent from	MI: 34) Str	29) FCC Resident Last Name: Last Name: Geet Address: 65 OAK ST 36) Statt OR 39) FAX:	e:	()	Male Female of Real Party	Suffix:
()American Indian or Alaska Native ()Asian ()Black or African-American ()Native Hawaiian or Other Pacific Islander ()White Real Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant) Contact Information (If different from the Applicant)	fferent from	MI: 34) Str	29) FCC Resident Last Name: Last Name: Geet Address: 65 OAK ST 36) Statt OR 39) FAX:	e:	()	Male Female of Real Party	Suffix:

	of Radio Service				
42) Tr	nis filing is for autho	orization to provide the	following type(s) of radio service	ce (choose all that apply):	
`	<u>F</u> ixed	(X) <u>M</u> obile	() <u>R</u> adiolocation	() <u>S</u> atellite (sound)	() <u>B</u> roadcast Services
43) D	oes the Applicant p	ropose to provide servi	ice interconnected to the public	telephone network?	(N) <u>Y</u> es <u>N</u> o
		ons (If any answer is " ons for the "Alien Own		xplaining the circumstances. In ו	preparing the attachment, refer to
			e representative of any foreign	government?	(N)Yes No
45) Is	the Applicant an al	lien or the representativ	e of an alien?		() <u>Y</u> es <u>N</u> o
46) Is	the Applicant a cor	poration organized und	der the laws of any foreign gov	ernment?	() <u>Y</u> es <u>N</u> o
				cock is owned of record or voted by r by any corporation organized unde	
is owr	ned of record or vote		presentatives, or by a foreign g	of which more than one-fourth of the government or representative thereo	
48b)	If the answer to 47	or 48a is 'Y' select one	of the choices below.		
	The Applicant is 6	exempt from the provisi	ons of Section 310(b).		
			declaratory ruling if the Applica from the provisions of Section		ired by Item 47 or Item 48a a showing
					ation involves only the acquisition of h the Applicant has been previously
	number, the FCC		railable, release date, and a st		able declaratory ruling(s) by DA/FCC hange in the foreign ownership of the
		ve; or (ii) is an "affiliate	e" of a Licensee or Lessee/Su	s foreign ownership, but is not ab ublessee that received a declarato tion as permitted under the affiliate	ole to make the certification specified by ruling(s) under 47 CFR § 1.990(a) e's ruling and 47 CFR § 1.994(b).
	Item 48a the cita	ntion(s) of the Applicant	t's declaratory ruling(s) by DA		the attachment required by Item 47 or ation, if available, release date, and a mission's Rules.
	copy of a petition same radio serv declaratory ruling	n for declaratory ruling vice(s) and geograph g pursuant to Section o	filed contemporaneously with nic coverage area(s) involved 1.990(a) of the Commission's	the Commission to extend the App d in the application. Alternatively	ne attachment required by Item 48a a policant's existing ruling(s) to cover the by, the Applicant may request a new on for declaratory ruling may be filed thereto).
	Item 47 or Item 4 date, and a stat Commission's Ru	48a the citation(s) of the tement that the Applicules. The Applicant mu	he applicable declaratory rulin cant is in compliance with tl	ng(s) by DA/FCC number, the FCC the terms and conditions of the r of compliance signed by the name	include in the attachment required by C Record citation, if available, release named affiliate's ruling and with the ned affiliate or other qualified entity as
			laratory ruling approving its for ineously with the Commission.		g a declaratory ruling under 47 CFR
	Commission purs		90(a). Petitions for declaratory		uling filed contemporaneously with the on the Internet through the International

Basic Qualification Questions

49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(N) <u>Y</u> es	<u>N</u> o
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	(N) <u>Y</u> es	<u>N</u> o
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.	(N) <u>Y</u> es	<u>N</u> o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service?	() <u>Y</u> es	<u>N</u> o
53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in 47 CFR § 27.1202) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?	() <u>Y</u> es	<u>N</u> o
Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1202 or justify waiver of that rule. If a waiver of the Commission Rule(s) is being requested, them 11a must be answered 'Y'	ing a		

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the Applicant comply with the programming requirements contained in 47 CFR § 27.1203?	() <u>Y</u> es	<u>N</u> o
Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1203 of the Common justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.	nission'	s Rules	
55) (For BRS and EBS) Does the Applicant comply with 47 CFR §§ 27.50, 27.55, and 27.1221?	() <u>Y</u> es	<u>N</u> o
Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is Item 11a must be answered 'Y'	eing re	equeste	d,

For Applicants Who Participated in an Auction

po) is the Applicant a qualifying rural wheless partnership of a member of a qualifying rural wheless partnership?	() <u>r</u> es	NO
Note: If the answer to item 56 is 'Y', attach an exhibit listing all members of the qualifying rural wireless partnership, including their F	RN nu	ımbers	

General Certification Statements

- 1) The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.*
 *If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to § 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, 47 CFR § 1.2002(c). See 47 CFR § 1.2002(b) for the definition of "party to the" application" as used in this certification.
- 5) The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 6) The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 CFR § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 CFR §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
- 7) The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 8) The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
- 9) The Applicant certifies that the Applicant and all of the related individuals and entities required to be disclosed on this application and FCC Form 602 (FCC Ownership Disclosure Information for the Wireless Telecommunications Services) are not person(s) who have been, for reasons of national security, barred by any agency of the Federal Government from bidding on a contract, participating in an auction, or receiving a grant. This certification applies only to applications for licenses for spectrum that is required by Sections 6103, 6401-6403 of the Middle Class Tax Relief and Job Creation Act of 2012, codified at 47 U.S.C. §§ 309, 1413, 1451-1452, to be assigned by a system of competitive bidding under 47 U.S.C. § 309(j).

Signature

57) Typed or Printed Name of Party Authorized to Sign First Name: MI: Suffix: Last Name: **DAVID RIGGALL** 58) Title: Signature: 59) Date: **DAVID RIGGALL** 01/24/2017 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID. Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, § 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).

FCC 601 Schedule D

Wireless Telecommunications Bureau and/or Public Safety and Homeland Security Bureau Schedule for Station Locations and Antenna Structures

Approved by OMB 3060 - 0798

See 601 Main Form Instructions for public burden estimate

1) Action Poquested: (A)	A 44	Mod Dol	2) Location Numbers	•
1) Action Requested: (A)	<u>A</u> dd	<u>M</u> od <u>D</u> el	2) Location Number:	1
3) Location Description:		4) Area of Operation	Code:	5) Location Name:
Itinerant		U		
6) FCC Antenna Structure Regist	ration Num	ber, FCC 854 File Nun	nber or N/A:	
			N/A	
7) Latitude (DD-MM-SS.S):		NAD83	8) Longitude (DDD-M	
		() <u>N</u> or <u>S</u>		() <u>E</u> or <u>W</u>
O) Otros et Andreas Names of London		- Other Leasting Decem	i	
9) Street Address, Name of Land	ng Area, o	r Other Location Descr	iption:	
10) City:		11) State:		12) County/Borough/Parish:
, .				
13) Elevation of Site AMSL (mete		14) Overall Ht AGL V		15) Overall Ht AGL With
('a' in antenna structure exam	pie):	Appurtenances (ructure example):	Appurtenances (meters) ('c' in antenna structure example):
				(
16) Support Structure Type:				
roj Capport Guaciaro Typo.				
17) Location Number:	18) Radiu	ıs (km):	19) Airport Identifier:	20) Site Status:
(only for Area of Operation Code 'A')				
Operation Gode A)				
21) Maximum Latitude (DD-MM-S	SC C/-	NADO2	22) Maximum Longitu	ude (DDD-MM-SS.S): NAD83
Use for rectangle only (Northwest of		NAD83 () <u>N</u> or <u>S</u>	Use for rectangle only	
23) Do you propose to operate in	an area th	at requires frequency of	coordination with Canad	da? (N)Yes No
, , , , , ,				(11, 21, 21,
24) Description: (only for Area of	Operation (Code 'O')		
25) Number of Units:H	Hand Held_	Mobile	Temporary Fixed	AircraftItinerant
26) Would a Commission grant of	f Authoriza	tion for this location ha	an action which may b	ave a significant () Vos. No.
environmental effect? See Secti			an action which may n	ave a significant (N) Yes No
If 'Yes', submit an environment			7 CFR, Sections 1.1308	8 and 1.1311.
		Zones listed in Item 27	b of the Instructions, p	rovide the date (mm/dd/yyyy) that the
proper Quiet Zone entity was	s notified:			
27b) Has the Applicant obtained	orior writter	n consent from the prop	per Quiet Zone entity fo	or the same technical parameters that are
specified in this application			,	(N) <u>Y</u> es <u>N</u> o
28) Do you propose to operate in	an area th	at requires frequency of	coordination with Mexico	o? () Y es N o
20, Do you propose to operate in	un arca Ille	at requires irequeintly t	Joordinadon with MEXIC	() Tes <u>II</u> 0

FCC 601 Schedule H

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

Approved by OMB 3060 - 0798 See 601 Main Form instructions for public burden estimate

Eligibility 1) Rule Section).	2) Describe Activity:				
90.35	l.	DEFENSE AND SE	CURITY RELATED COM			
			SITES AT VARIOUS LOC	ATIONS FOR VARY	ING PERIOD	OS OF TIME.
		formation (if not self-coording				
Frequency C Num	oordination	Name of Frequ	4) uency Coordinator		5) ne Number	6) Coordination Date
7) Has this app	lication been suc	cessfully coordinated?				() <u>Y</u> es/ <u>N</u> o
Extended Im	plementation	(Slow Growth)				
8) Are you requ	uesting a new or	modified extended implementating a justification and a proposed s				(N) <u>Y</u> es/ <u>N</u> o
	all Signs (Atta	ch additional sheets if requ	uired)			
9)						
Broadcast Au	xiliary Only					
If there is an a	ssociated	10) Facility Id of Parent	11) Radio Service of		te of Parent S	Station Principal
Parent Statior Items 10-12.	i, complete	Station:	Parent Station:	Community:		
13) If there is no C <u>a</u> ble Netwo		nt station, this Applicant is a:(oadcast Network Entity Te) elevision <u>C</u> able Operator	14	1) State of Prim	nary Operation:
	Owner or Operate Sound Company	or <u>M</u> otion Picture Prod <u>T</u> elevision Producer				
Control Point	(s) (Other than	at the transmitter) (Attac	h additional sheets if re	quired)		
15) Action	16) Control Point		17) Location		1	18) elephone
A/M/D	Number	Street Address, 0	City or Town, County/Borough	n/Parish, State		Number
A	1	1473 MIL OAKS LN		<u> </u>	(817)917-	8411
		FORT WORTH, TARRAI	NT, TX		1//	

Antenna Information

Antoman	iioi iiiatioii							
19)	20)	21)	22)	23)	24)	25)	26)	27)
Action	Location Number	Antenna	AAT (matera)	Antenna Ht.	Azimuth	Beamwidth	Polarization	Gain (dB)
A/M/D	Number	Number	(meters)	(meters)	(degrees)	(degrees)		
7/10/15								
	Y .							

Frequency Information

rrequer	109 111101									
28) Action () A/M/D	29) Location Number	30) Antenna Number	3 Frequer	i1) ncy (MHz)	32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
A	1	1	Existing (if Mod)	New 000451.80000000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)
Α	1	1	Existing (if Mod)	New 000456.80000000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)
A	1	1	Existing (if Mod)	New 000451.81250000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)
Α	1	1	Existing (if Mod)	New 000456.81250000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)
Α	1	1	Existing (if Mod)	New 000464.50000000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)

	1 000	1 00)	1		I 00\	1 00)		1 0=)	1 00)	7
28) Action () A/M/D	29) Location Number	30) Antenna Number	Freque	31) ncy (MHz)	32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
A	1	1	Existing (if Mod)	New 000469.50000000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)
Α	1	1	Existing (if Mod)	New 000464.55000000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)
A	1	1	Existing (if Mod)	New 000469.55000000	MOI	100		6.000	6.000	7K60F1D (A), 7K60FXD (A), 7K60F1E (A), 7K60FXE (A), 11K2F3E (A)