

**Instructions:** Save this PDF to your computer, fill the form out, save and email the completed form to [chriss@doubleradius.com](mailto:chriss@doubleradius.com) or Fax to 704-927-6099.

## Point-to-Point Microwave Data Sheet

Licensee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Licensee Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Engineering Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company (if different than licensee): \_\_\_\_\_

### Station A

### Station B

Site Name:	_____	_____
Site Address:	_____	_____
Antenna Structure Registration (ASR): (if applicable)	_____	_____
City, State, Zip:	_____	_____
Call Sign: (if existing)	_____	_____
Latitude: <b>(NAD83)</b>	_____	_____
Longitude: <b>(NAD83)</b>	_____	_____
Ground Elevation (AMSL):	_____	_____
Antenna Height to Center (AGL):	_____	_____
Antenna Manufacturer & Model:	_____	_____
Diversity Antenna Height:	_____	_____
Diversity Antenna Manufacturer & Model:	_____	_____
Equipment Manufacturer & Model:	_____	_____
Median TX Power:	_____	_____
Fixed Loss:	_____	_____
Channel Loading (Analog, Digital or Video Capacity):	_____	_____
Frequency Band:	_____	_____

Additional Comments: \_\_\_\_\_

# DOUBLERADIUS FCC FORM 601 QUESTIONNAIRE

—Only needs to be completed if DoubleRadius is filing applications—

You must complete this questionnaire for each site – 1 link = 2 sites

\*\*The following information must be completed prior to DoubleRadius' processing of your FCC Form 601\*\*

1. **Call Sign/Site Name:** \_\_\_\_\_

2. **Antenna Structure Registration (ASR) # and County, else N/A** (Required if applicable):  
\_\_\_\_\_

3. **Site/Structure Information: (Not necessary if ASR Number Given) (per site)**

Site Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Overall Twr/Bldg Height (AGL in meters): \_\_\_\_\_

Overall Twr/Bldg Height with Appurtenances (AGL in meters): \_\_\_\_\_

The Antenna and any Associated Supporting Structure Type (Building, Tower, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

4. **Would a commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (NEPA/Radiation Hazard compliant?)**

Yes  No

5. **FRN (FCC Registration Number(s) 10 digit number required** \_\_\_\_\_

6. **Taxpayer ID Number (TIN) (Optional)** \_\_\_\_\_

**Sign** \_\_\_\_\_ (If applicable)

7. **FCC Password** (required fro online filing) \_\_\_\_\_

(Call to receive FCC Password 1.888.225.5322)

8. **Type of Applicant:**  Individual  Partnership  Association  Corporation

Government Entity

9. **Will the system be connected to public switched telephone network?:**

Yes  No

10. **Applicant exempt from Application Fees?:**  Yes  No

**Regulatory Fees?:**  Yes  No

11. **Name of Authorized Signer:** (Please print) \_\_\_\_\_

**Signer's Title:** \_\_\_\_\_

# DOUBLERADIUS FCC FORM 601 QUESTIONNAIRE

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9. **Site/Structure Information: (Not necessary if ASR Number Given) (per site)**

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