

Instructions: Save this PDF to your computer, fill the form out, save and email the completed form to **your account manager** 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: (NAD83)	_____	_____
Longitude: (NAD83)	_____	_____
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

—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

7. Call Sign/Site Name: _____

8. Antenna Structure Registration (ASR) # and County, else N/A (Required if applicable):

9. 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.):

10. 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

11. FRN (FCC Registration Number(s) 10 digit number required _____

12. Taxpayer ID Number (TIN) (Optional) _____

Sign _____ (If applicable)

12. FCC Password (required for online filing) _____

(Call to receive FCC Password 1.888.225.5322)

13. Type of Applicant: Individual Partnership Association Corporation
 Government Entity

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

Yes No

15. Applicant exempt from Application Fees?: Yes No

Regulatory Fees?: Yes No

16. Name of Authorized Signer: (Please print) _____

Signer's Title: _____