FCC Form 601 Questionnaire

MUNN-REESE

Initial form for filing STL and ICR applications:

- Please fill out the questions *accurately and thoroughly* - you will save money and hassles later!
- Email completed forms to Rick@munn-reese.com.

Work Request Form

There are several steps to FCC compliance for Pre-Coordination Notification. Munn-Reese. will take care of as much or little as you desire. Therefore, please complete the work request form found below.

I, _____ request the following work be completed by Munn-Reese. on behalf of _____ _____:

❑ **I want the full package - please take care of everything!** $1000.00

- Complete a full frequency search to find a suitable frequency
- Complete all interference studies necessary.
- Complete the PCN requirements to comply with FCC standards.
- File an application with the FCC on your behalf.

❑ **Frequency Search and Interference Studies** Time and Expense

Check this to have us find a suitable frequency for you and complete all necessary interference studies.

***** – If you are a first time client, you may be asked to pre-pay a portion of your project. – *****

Please Note: By signing below, you are agreeing to fill out the 601 questionnaire and NPA waiver in its entirety. We count on our clients to do this so we may efficiently process ULS applications and keep client costs at a minimum. While we understand you may need help answering a few of the items, if Munn-Reese has to do excessive background work to prepare the 601 questionnaire for you, we will need to charge you for our time and expense in doing so.

Signed _____

Dated _____

Nationwide Programmatic Waiver

The Nationwide Programmatic Agreement ("NPA") is an agreement among several parties of interest, including the FCC, regarding implementation and enforcement of federal laws protecting historical areas, tribal land, and negative environmental effects. The official Agreement can be accessed by going to http://wireless.fcc.gov/siting/npa.html. If you would like a summary of the NPA, you may go to our website: www.munn-reese.com and look at the April 2005 edition of our newsletter. This newsletter is meant to educate broadcasters about the NPA. Munn-Reese is absolved of any, and all, legal actions by those utilizing our newsletter. Broadcasters should use the newsletter as a tool to better understand the NPA. It is not meant to replace legal counsel or the need for broadcasters to become familiar with the Agreement itself.

The Agreement has very broad implications and there is a significant possibility your proposed project falls within its scope. It applies to new towers, as well as the addition and/or modification of antennas on existing towers. Full compliance with the Agreement may require specialized expertise in areas Munn-Reese is not qualified to supply. We will supply the engineering data for the technical portions of your application, including any requirements for compliance with the radio frequency exposure guidelines, but we cannot accept liability for the Section 106 compliance required by the NPA.

For us to complete your application, please select one of the following options, and then sign and date this form. Please fax the completed form to 517-278-6973.

- ❑ NPA Compliance is being assigned as shown below:
  NPA Consultant information--
  Name: _____
  Address: _____
  City: _____ ST: _____ Zip: _____
  Email: _____
  Voice: _____
  Fax: _____

- ❑ I believe my project is exempt from the procedure described in the NPA, and I accept full responsibility and liability for certifying compliance with the Agreement.

I understand that Munn-Reese is only certifying the technical portions of my application for **(please fill in project description/city of license)**: _____. Munn-Reese shall specifically be absolved of and released from all responsibility for certifying any and all Section 106 studies and/or evaluations that may be required or recommended by the Nationwide Programmatic Agreement.

Signature: _____Title: _____

Date: _____

General Filing Information

Applicant Information

1. FRN number: _____

2. FRN password: _____

3. Application purpose (select only one):
   - ❑ New license
   - ❑ Modification of existing license
   - ❑ Renewal of existing license
   - ❑ Renewal and modification of existing license
   - ❑ Amendment of existing license
   - ❑ Cancellation of existing license

4. Application type:
   - ❑ STL
   - ❑ ICR

5. Is the applicant exempt from FCC application fees (non-com)?
   - ❑ Yes
   - ❑ No

6. Is the applicant exempt from FCC regulatory fees?
   - ❑ Yes
   - ❑ No

7. Applicant/Licensee description (please choose one):
   - ❑ Individual
   - ❑ Unincorporated Association
   - ❑ Trust
   - ❑ Government Entity
   - ❑ Joint Venture
   - ❑ Corporation for Profit
   - ❑ Not for Profit Corporation 501C3
   - ❑ Limited Liability Corporation
   - ❑ Partnership
   - ❑ Consortium

8. <u>If applicant is an individual -</u>
   First Name: _____
   Middle Initial: _____
   Last Name: _____
   Suffix: _____

9. <u>If applicant is a company -</u>
   Entity Name: _____
   Attention To: _____
   Address: _____
   _____
   City, ST, Zip: _____

10. Telephone: _____

11. Fax: _____

12. Email (this is kept confidential): _____

Billing Information

You need only fill out this section if you are a new client.

1. Company name: _____

2. Billing address: _____
   _____
   _____
   _____

3. How did you hear about Munn-Reese, Inc.? _____

Alien Ownership

1. Is the applicant a foreign government or the representative of any foreign government?
   - ❑ Yes
   - ❑ No

2. Is the applicant an alien or the representative of an alien?
   - ❑ Yes
   - ❑ No

3. Is the applicant a corporation organized under the laws of any foreign government?
   - ❑ Yes
   - ❑ No

4. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?
   - ❑ Yes
   - ❑ No

5. Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned or voted by aliens, their representatives, a foreign government or representative, or by any corporation organized under the laws of a foreign country?
   - ❑ Yes
   - ❑ No

Basic Qualification

1. Has the applicant or any party to this application or amendment 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, construction permit denied by the Commission?
   - ❑ Yes Please explain_____
   - ❑ No

2. Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?
   - ❑ Yes Please explain_____
   - ❑ No

3. 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?

   ❑ Yes Please explain_____
   ❑ No

4. Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?

   ❑ Yes Please explain_____
   ❑ No

General Certification

Please read the following statements and fill in the section immediately following.

- 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.

- The applicant certifies that the granting of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.

- 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.

- 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.

- The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 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 Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.

- The applicant certifies that it either (1) has a current Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

Name of party authorized to sign a form formally making these claims to the FCC:

First Name: _____

Middle initial: _____

Last Name: _____

Suffix: _____

Title: _____

Transmitter - General Information

Point of Control for STL Transmitter

1. STL transmitter location and contact information:

Street address or other location description: _____
_____
City, ST, Zip: _____
County: _____
Studio telephone: _____

Broadcast Auxiliary

1. Call sign of current STL license (if any): _____

2. Call sign of main station: _____

- ❑ AM
- ❑ FM
- ❑ TV

3. Facility ID of main station: _____

4. City of license: _____

STL Transmit Location Data

1. Location name (example - WXYZ studio): _____

2. Elevation of ground at the transmit site:

_____
- ❑ feet
- ❑ meters

3. STL transmit coordinates:

Latitude (DD-MM-SS.S): _____ - _____ - _____

Longitude (DDD-MM-SS.S): _____ - _____ - _____

Please note: GPS data is only good if the GPS is set to Degrees, Minutes, Seconds, NAD83 CONUS, True North (not auto or magnetic North). If you aren't sure about your coordinates, please make a note and we will double-check them with topo maps.

4. Is the structure your STL transmit antenna is mounted on registered with the FCC?
   - ❑ Yes, this is the FCC ASR number_____
   - ❑ Not sure, please check for me
   - ❑ No, there is no ASR number

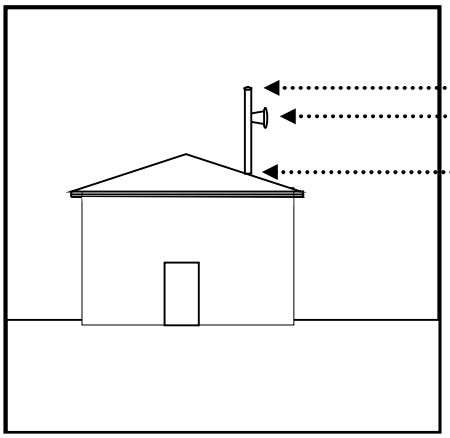
6. Choose the picture **best depicting** your ***STL TRANSMIT*** support structure and list **measurements from the ground to the arrow:**

If your dish is mounted on a support pipe on top of a building use picture "A".

If your dish is mounted on a support that starts at the ground even though it may be attached to the side of a building use picture "B"

If you have something different draw us a picture in "C".

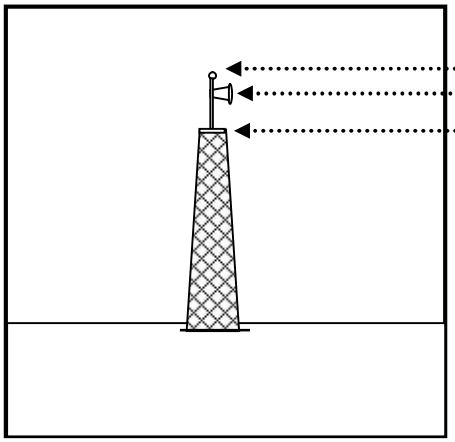
A: Building Structure



A Height from ground to the top of the pole: _____
B Height from ground to the center of the dish: _____
C Height from ground to base of the pole on roof: _____

❑ feet
❑ meters

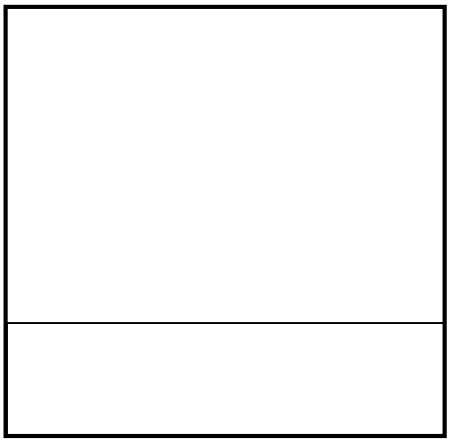
B: Tower Structure



A Height from ground to the top of the tower: _____
B Height from ground to the center of your dish: _____
C Height from ground to the base of the pole: _____

❑ feet
❑ meters

C: Other



A _____
B _____
C _____

❑ feet
❑ meters

Transmitter - Path Information

1. Antenna manufacturer: _____
2. Antenna model number: _____
3. Beam width (in degrees): _____
4. Antenna gain (dBi): _____
5. Tilt of antenna (if applicable) _____
6. Polarization:
   - ❑ Horizontal
   - ❑ Vertical
7. Feedline length at the transmitter end: _____
   - ❑ feet
   - ❑ meters
8. Feedline type (make, model, size): _____
9. Loss or Gain from any Splitters, Combiners, Amplifiers, Iso-couplers: _____

= Vertical Mount

= Horizontal Mount

Receiver - General Information

STL Receiver Location Data

1. Location name (example - WXYZ studio): _____
2. STL receiver location:

   Street Address or other location description: _____
   _____

   City, ST, Zip: _____
   County: _____

3. Elevation of ground at the receive site:
   _____
   - ❑ feet
   - ❑ meters
4. STL receiver coordinates:

   Latitude (DD-MM-SS.S): _____ - _____ - _____

   Longitude (DDD-MM-SS.S): _____ - _____ - _____

Please note: GPS data is only good if the GPS is set to Degrees, Minutes, Seconds, NAD83 CONUS, True North (not auto or magnetic North). If you aren't sure about your coordinates, please make a note and we will double-check them with topo maps.

5. Is the structure your STL receive antenna is mounted on registered with the FCC?
   - ❑ Yes, this is the FCC ASR number_____
   - ❑ Not sure, please check for me
   - ❑ No, there is no ASR number

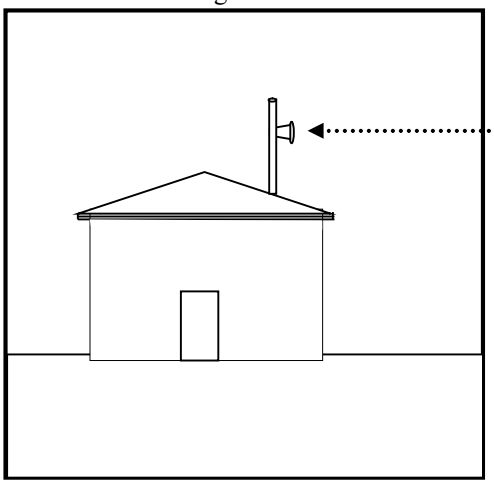
6. Choose the picture **best depicting** your ***STL RECEIVE*** support structure and list **measurements from the ground to the arrow:**

If your dish is mounted on a support pipe on top of a building use picture "A".

If your dish is mounted on a support that starts at the ground even though it may be attached to the side of a building use picture "B"

If you have something different draw us a picture in "C".

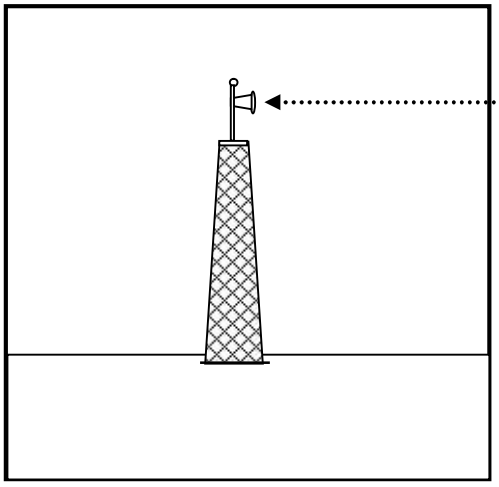
Building Structure



A Height from ground to the center of your dish: _____

❑ feet
❑ meters

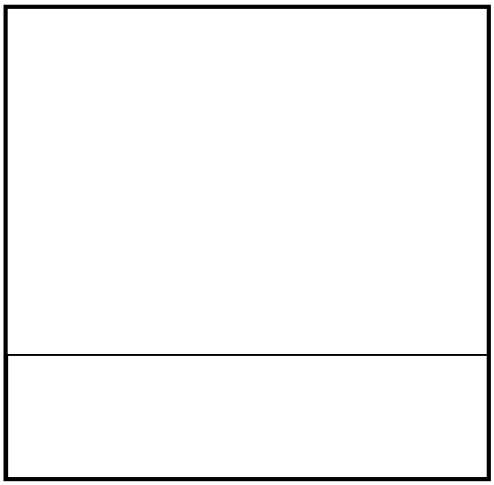
Tower Structure



A Height from ground to the center of your dish: _____

❑ feet
❑ meters

Other



A Height from ground to the center of your dish: _____

❑ feet
❑ meters

Receiver - Path Information

Receiver Antenna

1. Antenna manufacturer: _____
2. Antenna model number: _____
3. Beam width (in degrees): _____
4. Antenna gain (dBi): _____
5. Tilt of antenna (if applicable) _____
6. Polarization:
   - ❑ Horizontal
   - ❑ Vertical
7. Feedline length at the receiver end: _____
   - ❑ feet
   - ❑ meters
7. Feedline type (make, model, size): _____
8. Loss or Gain from any Splitters, Combiners, Amplifiers, Iso-couplers: _____

= Vertical Mount

= Horizontal Mount

Frequency - General Information

1. Frequency (MHz): _____
2. Transmitter frequency tolerance (example: 0.00015%) _____
3. Transmitter output power: _____
4. Transmitter manufacturer: _____
5. Transmitter Model: _____
6. Emission Designator of your transmitter (example - 500KD9W): _____

   If your using a Moseley PCL-6010 will you be using a DSP-6000? _____
7. If digital, what is the modulation rate (example - 1024kbps): _____
8. If digital, what is the modulation type (example - 32QAM): _____

Thank you for your patronage…contact us with any questions you have throughout the application process!

When this questionnaire is completed, you may send it to us via email at Rick@munn-reese.com, fax at 517/278-6973, or postal mail at PO Box 220, 385 Airport Dr., Coldwater, MI, 49036. Again, to save yourself time and money, please double-check your data before sending us the information. Let us know how we can improve our questionnaire to make it easier on you!