

UNITED STATES DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT  
 COMMUNICATION SITE TECHNICAL DATA REPORT

|                                  |                                    |             |              |
|----------------------------------|------------------------------------|-------------|--------------|
| 1. Name and address of applicant | 2. Right of way                    | 3. State    | 4. County    |
| Case file number:                | 5. Resource Area                   | 6. District | 7. Elevation |
|                                  | 8. Legal description and site name |             |              |
|                                  | 9. Latitude and longitude          |             |              |

10. Type of applicant
- |   |  |
|---|--|
| a. <input type="checkbox"/> Individual              | d. <input type="checkbox"/> State            |
| b. <input type="checkbox"/> Corporation*            | e. <input type="checkbox"/> Local government |
| c. <input type="checkbox"/> Partnership/Association | f. <input type="checkbox"/> Federal          |

11. Name, address, and telephone number of emergency contact person(s)

Communication Site telephone number

12. Power source
- |   |  |   |
|---|--|---|
| a. <input type="checkbox"/> commercial      | c. <input type="checkbox"/> Wind w/Battery | e. <input type="checkbox"/> Other (explain) |
| b. <input type="checkbox"/> solar w/battery | d. <input type="checkbox"/> Battery only   |   |
- Stand by power  Type

13. Type of operational control planned:
- |   |  |
|---|--|
| a. <input type="checkbox"/> Local control | c. <input type="checkbox"/> Automatic Repeater |
| b. <input type="checkbox"/> Wire Control  | d. <input type="checkbox"/> Radio link Remote  |

14. Repeater tone protected:  Yes  No

15. Antenna Mounting Structure:
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Wooden            | <input type="checkbox"/> Steel Tower |
| Height above ground <input type="text"/>   | <input type="checkbox"/> Treated     |
| Dia of pole or Tower <input type="text"/>  | Mfg <input type="text"/>             |
| Distance from Bldg <input type="text"/>    | Model No. <input type="text"/>       |
| Space for other Users <input type="text"/> | Number Planned <input type="text"/>  |

Please provide a copy of the site construction plan showing a landscape view and aerial view

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TRANSMITTER EQUIPMENT TECHNICAL INFORMATION

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16. Transmitter: Mfg. \_\_\_\_\_ Model No. \_\_\_\_\_  
Type Accepted No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
Age \_\_\_\_\_ Years \_\_\_\_\_ New Model No. \_\_\_\_\_

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17. Transmitter Isolators or Circulators used:

Mfg \_\_\_\_\_ Model No. \_\_\_\_\_  
Age \_\_\_\_\_ Years \_\_\_\_\_ New Serial No. \_\_\_\_\_  
Number ISO used: \_\_\_\_\_ Total isolation achieved \_\_\_\_\_ db.

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18. Antenna and Cable System used:

Antenna Mfg. \_\_\_\_\_ Cable Mfg. \_\_\_\_\_  
Type \_\_\_\_\_ Cable Dia. \_\_\_\_\_  
Model \_\_\_\_\_ Cable length inside Bldg. \_\_\_\_\_ Ft  
Cable length outside Bldg. \_\_\_\_\_ Ft  
Gain \_\_\_\_\_ db Age \_\_\_\_\_ Years \_\_\_\_\_ New Cable fittings type N \_\_\_\_\_ UHF \_\_\_\_\_ BNC \_\_\_\_\_  
Direction \_\_\_\_\_ Degrees Cable Type \_\_\_\_\_  
Height (AGL) Top \_\_\_\_\_ Ft Bottom \_\_\_\_\_ Ft.  
Polarization Horizontal \_\_\_\_\_ Vertical \_\_\_\_\_ Circular \_\_\_\_\_  
Number of Fitting adapters used in transmitter systems \_\_\_\_\_

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19. Emission:

Call sign \_\_\_\_\_ Emission Type \_\_\_\_\_  
True Power \_\_\_\_\_ Watts Emission Bandwidth \_\_\_\_\_ Watts  
ERP \_\_\_\_\_ Watts

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20. Frequencies in Mhz, Ghz, Khz

I understand that the transmitter will not be placed in service until it is properly licensed by the FCC \_\_\_\_\_  
INITIAL

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RECEIVER EQUIPMENT TECHNICAL INFORMATION

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21. Receiver

Mfg. \_\_\_\_\_ Model No. \_\_\_\_\_  
Type Accepted No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
Age \_\_\_\_\_ Years \_\_\_\_\_ New \_\_\_\_\_ Model No. \_\_\_\_\_

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22. Multi-coupler

Mfg. \_\_\_\_\_ Model No. \_\_\_\_\_

Duplexer \_\_\_\_\_

Cavity \_\_\_\_\_ Age \_\_\_\_\_

New \_\_\_\_\_ Model Year \_\_\_\_\_

Rack Mount? \_\_\_\_\_ Yes \_\_\_\_\_ No

Free Standing \_\_\_\_\_ Yes \_\_\_\_\_ No

Serial No. \_\_\_\_\_

Number of Rx's on system \_\_\_\_\_

Cabinet mount? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of fittings used \_\_\_N \_\_\_UHP \_\_\_BNC

23. Antenna and cable system Used for receiver

Same \_\_\_\_\_Yes \_\_\_\_\_No, if so please describe.

Antenna Mfg. \_\_\_\_\_

Cable Mfg. \_\_\_\_\_

Type \_\_\_\_\_

Cable Dia. \_\_\_\_\_

Model \_\_\_\_\_

Cable length inside Bldg. \_\_\_\_\_ Ft

Cable length outside Bldg. \_\_\_\_\_ Ft

Gain \_\_\_\_\_ db Age \_\_\_\_\_ Years \_\_\_\_\_ New

Cable fittings type N \_\_\_UHF \_\_\_BNC \_\_\_

Direction \_\_\_\_\_ Degrees

Cable Type \_\_\_\_\_

Height(AGL) Top \_\_\_\_\_ Ft

Bottom \_\_\_\_\_ Ft.

Polarization Horizontal \_\_\_\_\_ Vertical \_\_\_\_\_ Circular \_\_\_\_\_

Number of Fitting adapters used in transmitter systems \_\_\_\_\_

24. Frequencies Mhz, Ghz, Khz

25. Other related data:

I HEREBY CERTIFY, that I am of legal age and authorized to do business in the state and that I have personally examined the information contained in the application and believe the information submitted is correct to the best of my knowledge.

Signature of applicant

Date

Title 18, U.S.C. Section 1001, makes it a crime for any person to knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements, or representations as to any matter within its jurisdiction.