

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? () <u>Yes</u>/<u>No</u>		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: <input type="checkbox"/> 18 GHz Low Power <input type="checkbox"/> 31 GHz <input type="checkbox"/> 38 GHz	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? () <u>Yes</u>/<u>No</u>		
7) Has frequency coordination been completed for this application? () <u>Yes</u>/<u>No</u>		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="checkbox"/>) A dd M od D el		2) Location Number:	
3) Location Description:		4) Area of Operation Code:	5) Location Name:
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): NAD83 (<input type="checkbox"/>) <u>N</u> or <u>S</u>		8) Longitude (DDD-MM-SS.S): NAD83 (<input type="checkbox"/>) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:	12) County/Borough/Parish:	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) NAD83 (<input type="checkbox"/>) <u>N</u> or <u>S</u>		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) NAD83 (<input type="checkbox"/>) <u>E</u> or <u>W</u>	
20) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="checkbox"/>) <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (<input type="checkbox"/>) <u>Yes</u> No			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="checkbox"/>) <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="checkbox"/>) <u>Yes</u> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name:		2) Path number:	
3) Action Requested: () <u>A</u> dd New Path <u>M</u> odify Existing Path <u>D</u> elete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Fixed One-way Inbound Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal	
() Multiple Two-way Master-Remote/Nodal-User		() Multiple One-way Outbound Master	
() Mobile Master			

Transmit Antenna

5) Antenna Manufacturer:		6) Antenna Model Number:	
7) Height to Center of Antenna AGL (meters):	8) Beamwidth (degrees):	9) Antenna Gain (dBi):	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees):	14) Polarization:	15) Azimuth to RX Location or Passive Repeater (degrees):	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? () <u>Y</u> es <u>N</u> o			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? () <u>Y</u> es <u>N</u> o			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () <u>Y</u> es <u>N</u> o Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () <u>Y</u> es <u>N</u> o			

Final Receiver

21) Receiver Location Name:			
22) Receiver antenna manufacturer:		23) Receiver antenna model number:	
24) Receiver Call Sign:			
25) Height to Center of RX Antenna AGL (meters):	26) RX Antenna Beamwidth (degrees):	27) RX Antenna Gain (dBi):	
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):	
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):	

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Frequency Data

Transmitter Location Information

1) Transmit Location Name:	2) Path Number:
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHz)	5) Upper Frequency (MHz)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
	Existing (if mod)						
	New						
	11) Transmitter Manufacturer		12) Transmitter Model	13) Automatic Transmitter Power Control			
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