

Lone Peak Licensing 2-Way Application

Federal Tax ID Number of Applicant (9-digits)	FRN and Password (if known)

Applicant Name/Address

Entity Name (or individual's name if this is for an individual)		Attn (A job title is best)	
Address (street address or PO box)		Phone Number	
City	County	State	Zip Code
Signature Name (please print)		Job Title	
Applicant Email Address (please print clearly)			

Site Address (submit an additional list if there is more than one site)

Site Address (street address/desc ONLY) (write "same" if same as above)		Phone Number	
City	County	State	Zip Code

Type of System (circle, underline, or write what applies)

# of Repeater pairs: ___ # of Base/mobile: ___		# of Simplex-only frequencies: ___	
Frequency Type	UHF / VHF / Other:	Frequency Type	UHF / VHF / Other:
Emission(s) Desired	Analog / MotoTrbo / NexEdge / Other:	Emission(s) Desired	Analog / MotoTrbo / NexEdge / Other:
Type of Transmission	Voice / Data	Type of Transmission	Voice / Data
# of Mobiles/Handhelds		# of Mobiles/Handhelds	
Desired Frequencies		Desired Frequencies	
Desired Power (in watts)	Output: ERP:	Desired Power	watts
	Mobile:	Radius of Operation	Miles / Km
Radius of Operation	Miles / Km		
Antenna Height	Feet / Meters		
Antenna Structure Type	Lattice Tower/Tank/Bldg/ Pole/Other:		

Dealer Name/Address (or whom to notify)

Dealer Company Name		Submitter's Name	
E-mail address (for notification purposes)		Phone Number	
Address (street address or PO box)			
City	State	Zip Code	

Lone Peak Licensing, LLC
PO Box 1336 • Draper, UT 84020-1336
Phone 801-938-9346 • Fax 801-938-9465 • sales@lonepeaklicensing.com

General Certification Statements

- 1) 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.
- 2) The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules. 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.
- 3) 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.
- 4) The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §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 §1.2002(c) of the rules, 47 CFR §1.2002(c). See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 6) The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
- 7) The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 8) The Applicant certifies that it is not in default on any payment for Commission Licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
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57) Title:

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Signature:

58) Date:

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FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in the termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHIBLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).