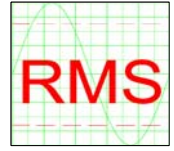


**R.M. SMITH ASSOCIATES**  
**BROADCAST TECHNICAL CONSULTANTS**  
**STUDIO TO TRANSMITTER LINK LICENSING INFORMATION**



**APPLICANT INFORMATION**

Licensee Name: \_\_\_\_\_  
FCC Registration Number (FRN): \_\_\_\_\_  
FCC Password for this FRN: \_\_\_\_\_  
Licensee Type (Corp, LLC, Partnership) \_\_\_\_\_  
Attention To: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Call letters of associated broadcast station: \_\_\_\_\_

**AUTHORIZED SIGNER**

First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**LOCATIONS:**

	<u>TRANSMITTER</u>	<u>RECEIVER</u>
Latitude:	_____	_____
Longitude:	_____	_____
Datum (NAD27 or 83):	_____	_____
Address1:	_____	_____
Address2:	_____	_____
City:	_____	_____
State:	_____	_____
County:	_____	_____
FCC Antenna Registration # (If Any):	_____	_____
Elevation of Site (AMSL meters):	_____	_____
Overall Height of Support Structure (m):	_____	_____
Antenna C/R AGL (meters):	_____	_____

**EQUIPMENT**

**TRANSMITTER**

**RECEIVER**

Antenna Manufacturer:

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Antenna Model:

---

---

Polarization (Horiz or Vert):

---

Transmitter Power Output (Watts):

---

Transmission Line Type:

---

Transmission Line Length:

---

Transmitter Manufacturer:

---

Transmitter Model:

---

Frequency:

---

Emission Type (Composite, Mono, Digital):

---

**CONTROL POINT**

Address:

---

City:

---

County:

---

State:

---

Telephone:

---

**CONTACT:**

Frist Name:

---

Middle Initial:

---

Last Name:

---

Company Name:

---

Address:

---

City:

---

State:

---

Zip:

---

Telephone:

---

Fax:

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E-Mail

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