



Mobile/Portable-Only License Application

Please complete the following information and return to Two Way Direct either by fax to 877-694-6603 by email to mark@twowaydirect.com or by mail to the address above. Contact Customer Service at 888-742-5893 if you have questions or need a Two Way Direct Fixed Site Worksheet.

<u>Licensee Administrative Information</u>	<u>System Information</u>
Licensee Name _____	Address of Mobile Operation _____ (If different than mailing address above)
<input type="checkbox"/> Corporation <input type="checkbox"/> Other (Please specify) _____	County _____ State _____
Authorized Licensee Contact _____	<input type="checkbox"/> New <input type="checkbox"/> Modification (Provide Call Sign) _____
Street Address _____	Frequency Band <input type="checkbox"/> VHF (150-174 MHz) <input type="checkbox"/> UHF (450-470 MHz)
City _____ State _____ Zip _____	Number of Portables [_____] Number of Channels [_____]
Phone _____ Fax _____	Output Power [_____] Watts ERP [_____] Watts
Email _____	Emission Designator: 25 kHz <input type="checkbox"/> 12.5 kHz <input type="checkbox"/> 6.25 kHz <input type="checkbox"/>
Licensee Tax Identification Number (TIN/EIN) _____	7K60FXE/FXD <input type="checkbox"/> 4K00F1E/F1D <input type="checkbox"/> 11K2F3E <input type="checkbox"/> 20K0F3E <input type="checkbox"/> 8K10F1E <input type="checkbox"/>
FCC Registration Number _____ ULS Password _____	Coordinates: _____ N _____ W
Eligibility: _____	Area of Operation: <input type="checkbox"/> _____ kilometers <input type="checkbox"/> County: _____
<hr/>	
Contact _____	
Contact Company: _____	
Phone: _____ Email: _____	

Fee Calculation/Method of Payment

- | | |
|------------------------------------------------------------------------------------------------------------------------|----------------|
| <input type="checkbox"/> Frequency Selection & Coordination (1-5 Channels) (\$625) and FCC Filing Fees (\$0 Inclusive) | 625.00 |
| <input type="checkbox"/> Additional Channels at \$150 (in increments of 1-5 channels) (\$150) | _____ |
| <input type="checkbox"/> Establish FCC Registration Number/ULS Password (\$0 Provided Free from Two Way Direct) | _____ |
| <input type="checkbox"/> Complete Required Notification of Construction (\$0 Provided Free from Two Way Direct) | _____ |
| Total Fee: | \$_____ |

Check Sent/Enclosed Apply Fee To Customer Drawdown Account Reference Number: _____

Please charge American Express Master Card VISA

Card Number _____ Expiration Date _____

Cardholder Name _____ Signature _____