

USDA-APHIS		<b>INSTRUCTIONS: Applicant</b> - submit in triplicate to Program Director. <b>Program Director</b> - forward original and one copy to Information Technology Division, Radio Communications Manager, Lakewood, CO. For systems using only portable and/or mobile equipment, do not complete items 10 through 18.	
<b>REQUEST FOR RADIO FREQUENCY ASSIGNMENT OR MODIFICATION</b>			
1. REQUEST FOR ("X" one. If Modification, give authorization number)		2. REQUEST ORGANIZATION	3. OPERATING UNIT
<input type="checkbox"/> New <input type="checkbox"/> Termination <input type="checkbox"/> Modification (auth no.) .....			
4. LOCATION OF STATION (State and County)		5. CITY AND/OR P.O. ADDRESS	

TRANSMISSION DATA										
6. TRANSMITTER LOCATION	7. LATITUDE				8. LONGITUDE				9. AREA OF OPERATIONS (Radius)	10. FREQUENCY (If known)
	Degrees	Minutes	Seconds	N	Degrees	Minutes	Seconds	W		
ANTENNA DATA						SYSTEMS DATA				
11. HEIGHT ABOVE GROUND LEVEL (Feet)	12. HEIGHT ABOVE MEAN SEA LEVEL (Feet)	13. GENERIC NAME OF ANTENNA TYPE <i>(If not known, use trade name and model number)</i>				TRANSMITTING POWER OUTPUT (Watts)				
						18. Base Station		19. Mobile and/or Portable Radio		
14. ANTENNA GAIN IN db	15. RADIATION PATTERN OF ANTENNA <input type="checkbox"/> OMNI <input type="checkbox"/> Directional		16. AZIMUTH OF MAIN LOBE FOR DIRECTIONAL ANTENNAS (Degrees)		17. TYPE OF EMISSION	20. NO OF MOBILE AND/OR PORTABLE RADIOS USED IN THIS SYSTEM				

21. BRIEF DESCRIPTION OF PROPOSED RADIO USE

22. SIGNATURE OF APPLICANT		23. TITLE		24. DATE SIGNED	
Telephone No. _____					
REQUESTING PROGRAM APPROVAL					
25. SIGNATURE		26. TITLE		27. DATE SIGNED	
ITD RADIO COMMUNICATIONS MANAGER CLEARANCE					
28. SIGNATURE		29. TITLE		30. DATE SIGNED	