

**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? ( ) <b>Yes/No</b>		
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 checked="" type="checkbox"/> ) <b>Permanent Fixed Point to Point</b> ( ) Multiple Address System (MAS) ( ) Temporary Fixed/Mobile ( ) Digital Electronic Message Service (DEMS)	4) Station Class:  <b>FXO</b>	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? ( Y ) <b>Yes/No</b>		
7) Has frequency coordination been completed for this application? ( ) <b>Yes/No</b>		

**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