

CARA ENTERPRISES, INC

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FCC SYSTEM INFORMATION SHEET – TWO-WAY

Applicant Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

Taxpayer Identification Number (FCC REQUIRED): _____

(This is a 9-digit Federal number)

Location of Radio (repeater/base) System: (Write *same* if same as above) (NO PO BOXES)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Coordinates: _____

Narrowband: __ Wideband: __ Height of Building or Tower: _____ Antenna Length: _____

Number of Units (mobiles and portables): _____ Elevation: _____ ft. Area of Operation (miles radius of): _____ miles. Frequency (ies): _____ VHF/UHF Simplex/Repeater

Dealer Name: _____ Contact Person: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ (we will notify you by e-mail)

Please send me _____ order(s) of the **FCC Rules and Regulations**. I have enclosed a check in the amount of **\$99**, for each copy ordered.

Make check payable to **CARA ENTERPRISES, INC**

Fees for non-trunked systems: If a private company, **\$610** (repeater, base/mobile) or **\$550** (mobile only). If government entity, **\$850** (base/mobile). Prices are for non-trunked systems; **150/450 MHz** only.

Fees subject to change without notice. 8/08W