

# CARA ENTERPRISES, INC

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## FCC SYSTEM INFORMATION SHEET – TWO-WAY

Applicant Name: \_\_\_\_\_ Private \_\_\_ Gov't \_\_\_

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: \_\_\_\_\_

Height of Building or Tower: \_\_\_\_\_ Antenna Length: \_\_\_\_\_ Elevation: \_\_\_\_\_ ft

Number of Units (mobiles and portables): \_\_\_\_\_ Area of Operation (miles radius of):

\_\_\_\_\_ miles. Frequency (ies): \_\_\_\_\_ VHF/UHF

***Special Instructions:*** \_\_\_\_\_

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** (repeater) or **\$500** (base/mobile). Prices are for non-trunked systems; **150/450 MHz** only.

Fees subject to change without notice. 09/2011