

# CARA ENTERPRISES, INC

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## FCC SYSTEM INFORMATION SHEET - DATA

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 Data System: (Write *same* if same as above) (NO PO BOXES)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Frequency (ies): \_\_\_\_\_ VHF/UHF

Number of Units (sites): \_\_\_\_\_ Area of operation (miles radius of): \_\_\_\_\_

**Type of Equipment** (brand name of System): \_\_\_\_\_

Dealer Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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.**

If a private business, city, county government or school: **from \$550** (data system).

**Note: Fees apply only to 150 and 450 MHz systems.**