

**FCC SYSTEM INFORMATION SHEET - IRRIGATION**

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 Irrigation 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): \_\_\_\_\_