

CARA ENTERPRISES, INC

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sales@caraenterprises.com

FCC SYSTEM INFORMATION SHEET - MICROWAVE

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 (Master Station) (MAS/Scada) System: (Write *same* if same as above)
(NO PO BOXES)

Address: _____

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

Phone Number: _____ Coordinates (Master Station): _____

Antenna Make & Model: _____ Antenna Height _____ Ant Gain _____ db

Radio Make & Model: _____ Transmit Power: _____

Emission Designator: _____ Antenna Line Loss: _____ db Duplex or Simplex _____

Radius of Operation: _____ (miles) Number of Scada Receivers: _____

Dealer Name: _____

Contact Person: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Make check payable to **CARA ENTERPRISES, INC** in the amount of **\$2,200.00** (for a private company) or **\$1,000.00** (for a government agency).

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.

Fees subject to change without notice. 08/08W

“Frequency Specialists”