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PO Box 400124  
Las Vegas, NV 89140-0124  
caraenterprises.com

**TO:** MAS/SCADA System Users/Dealers  
**FROM:** sales@caraenterprises.com

**SUBJECT:** FCC LICENSE APPLICATION SERVICE

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Included in this file is our quick and easy licensing information sheet. We make the licensing process easy for you and your customer.

**Here's how it works:**

- 1.** Your salesperson and customer complete our information sheet (page two of this document). **Remember the 9-digit federal Taxpayer Identification Number.**
- 2.** Your customer signs the FCC Form 601 (page three of this document). Don't worry about the remainder of the FCC form. All we need is the **signature on the signature line**, and a **printed name on line 50**.
- 3.** Mail, e-mail or fax the completed information sheet, and the signed (blank) FCC Form 601. Then mail the check and the original paperwork to the address above. **You are now finished with your FCC licensing task.**
- 4.** We prepare all FCC and coordinator paperwork and file it with the proper agency in a timely manner.
- 5.** Your customer receives their license within six weeks from the FCC.

We are available to handle all your FCC licensing needs. We are equipped to handle all types of Part 90, 95, and 101 licensing. Please visit our website at [caraenterprises.com](http://caraenterprises.com) for current prices, FCC News, and other forms. We look forward to hearing from you.



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## FCC System Information Sheet – MICROWAVE

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

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

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

Phone number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Email address: \_\_\_\_\_

**9-digit Taxpayer Identification Number (FCC required):** \_\_\_\_\_

**Location of Location of Radio (master station) (MAS/SCADA) system** (write *same* if same as above—no P.O. boxes):

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

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

Phone number: \_\_\_\_\_ Coordinates (master station): \_\_\_\_\_

Antenna make & model: \_\_\_\_\_

Antenna height: \_\_\_\_\_ Antenna gain: \_\_\_\_\_ db

Radio make & model: \_\_\_\_\_ Transmit power: \_\_\_\_\_

Emission Designator: \_\_\_\_\_ Antenna line loss: \_\_\_\_\_ db Duplex or simplex: \_\_\_\_\_

Radius of operation: \_\_\_\_\_ miles Number of SCADA receivers: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Dealer name: \_\_\_\_\_ Contact person: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Email (we will notify you by email): \_\_\_\_\_

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.** in the amount of **\$2,300.00** (for a private company) or **\$1,650.00** (for a government agency).

**Signature**

57) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
58) Title:			
Signature:			59) Date:
<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.</b>			
Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, § 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).</b>			