****

**Collocation Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RETURN THIS APPLICATION TO WITH $4,000 APPLICATION FEE:** | | | | | | | | | | | | | | | | | | | | | |
| **USAntenna, Inc.** | | | | | | |  | | | |  | | | **Name:** | | | | | |  | |
| **149 South Roscoe Blvd.**  **Ponte Vedra, FL 32082** | | | | | | |  | | | |  | | | **Applicant Site Name:** | | | | | |  | |
|  | | | | | | |  | | | |  | | | **Date:** | | | | | |  | |
| **Attn: Loree Reed** | | | | | | |  | | | |  | | | **Site Address:** | | | | | |  | |
| **Phone: (904) 285-3239** | | | | | | |  | | | |  | | |  | | | | | |  | |
| **E-Mail:** [loree@mediaservicesgroup.com](mailto:loree@mediaservicesgroup.com) | | | | | | |  | | | |  | | |  | | | | | |  | |
|  | | | | | | |  | | | |  | | |  | | | | | |  | |
| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | | | | | | | | | | | | |
| Point of Contact: | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | State: | | | | | | Zip: | | | |
| Phone Number: | | | | | | | | | | | | Fax Number: | | | | | | | | | |
| **Contract To Be Executed By:** | | | | | | | | | | | | | | | | | | | | | |
| **Accounts Payable Contact:** | | | | | | | | | | | | | | | | | | | | | |
| **Are You a Corporation, LLC, or Partnership:** | | | | | | | | | | | | | | | | | | | | | |
| **State in Which Your Business Entity was Formed:** | | | | | | | | | | | | | | | | | | | | | |
| **Company Name (as appears on lease agreements):** | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | State: | | | | | | Zip: | | | |
| **Brief Description of Purpose of System (Cellular, PCS, Paging, etc.):** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| USANTENNA-TOWER INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| **Latitude:** | |  | | |  | | |  | |  | | | **Structure Type:** | | | | | | | | Monopole |
| **Longitude:** | |  | | |  | | |  | |  | | | **Structure Height:** | | | | | | | | 190’ |
| **Site Address:** |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| ANTENNAS | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **SECTOR 1** | | | | | | | | | **SECTOR 2** | | | | **SECTOR 3** | | |
| **Desired Rad Center (Feet AGL)** | | | | | |  | | | | | | | | |  | | | |  | | |
| Number of Antennas | | | TX | | |  | | | | | | | | |  | | | |  | | |
|  | | | RX | | |  | | | | | | | | |  | | | |  | | |
| **Antenna Model (attach spec. sheet)** | | | TX | | |  | | | | | | | | |  | | | |  | | |
|  | | | RX | | |  | | | | | | | | |  | | | |  | | |
| Total Antenna Per Sector | | | | | |  | | | | | | | | |  | | | |  | | |
| **Weight (per antenna)** | | | | | |  | | | | | | | | |  | | | |  | | |
| Antenna Dimensions | | | | | |  | | | | | | | | |  | | | |  | | |
| **ERP (watts)** | | | | | |  | | | | | | | | |  | | | |  | | |
| Antenna Gain | | | | | |  | | | | | | | | |  | | | |  | | |
| Orientation/Azimuth | | | | | |  | | | | | | | | |  | | | |  | | |
| Tower Mount Dimensions | | | | | |  | | | | | | | | |  | | | |  | | |
| Tower Mount Weight | | | | | |  | | | | | | | | |  | | | |  | | |
| Tower Mount Mounting Height | | | | | |  | | | | | | | | |  | | | |  | | |
| Transmit Frequency | | | | | |  | | | | | | | | |  | | | |  | | |
| Receive Frequency | | | | | |  | | | | | | | | |  | | | |  | | |
| **Number of Coax Cables (PER SECTOR)** | | | | | |  | | | | | | | | |  | | | |  | | |
| Diameter of Coax Cables | | | | | |  | | | | | | | | |  | | | |  | | |
| Applicant RF Contact Name/Number | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |
| **Type of Service (i.e. CELLULAR, CDMA, GSM, TDMA, PAGING):** | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| GROUND SPACE & POWER REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | |
| Cabinet Manufacturer/Model | | | |  | | | | | | | | Shelter Manufacturer | | | | |  | | | | |
| Equipment Pad Dimensions | | | |  | | | | | | | | Shelter Dimensions | | | | |  | | | | |
| AC Power | | | |  | | | | | | | | **Required Voltage and Total Amps** | | | | | | |  | | |
| **Applicant Construction Contact Name/Number:** | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |

**ATTACH MANUFACTURER’S SPECIFICATIONS OF BASE STATION EQUIPMENT OR SHELTER AND A PRELIMINARY SITE PLAN**

1. This application is subject to USAntenna Engineering Approval.
2. Proposed site modifications may also be subject to local zoning approval including building permit.

|  |
| --- |
| Submitted By: |
| Signature of person submitting application on behalf of Applicant  Company: |
| Printed Name: |
| Title: |
| Date: |

**FOR USANTENNA USE ONLY**

**Approved And Accepted By**:

**SIGNATURES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USAntenna, Inc.