****

**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 |  |  |  |  |
|  |  |  |  |  |
| 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 ApplicantCompany: |
| Printed Name: |
| Title: |
| Date: |

**FOR USANTENNA USE ONLY**

**Approved And Accepted By**:

 **SIGNATURES:**

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

USAntenna, Inc.