

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): _____

Signature

50) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
Title:			
Signature:			Date:

Failure To Sign This Application May Result in Dismissal Of The Application And Forfeiture Of Any Fees Paid

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).