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| **Date** | |  | | | | **CIP #** |  | | | | | | | | | | **Project ID#** | | | | | | |  | | | | | |
| **Project Title:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Description:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Airport Tenant Company :** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** | | | | | |  | **Phone:** | | | | | | | | | |  | | | | | | | **email:** | | | |  | |
| **Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POS Project Manager:** | | | | | |  | | | | | | | | | | | **Phone:** | | | | | | |  | | | | | |
| **Design Firm:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Design Project Manager:** | | | | | |  | | | | | | | | | | | **Phone:** | | | | | | |  | | | | | |
| **Lead Design Engineer:** | | | | | |  | | | | | | | | | | | **Phone:** | | | | | | |  | | | | | |
| *Attended* ***Telecomm Design Review*** *meeting on this date:*  If not, to schedule a Telecomm Design Review meeting, go to <https://portseattle.sharepoint.com/sites/avficommittee/SitePages/Home.aspx>  (*for external*: email [AVCommittees@portseattle.org](mailto:AVCommittees@portseattle.org)) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| FCC License Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | FCC License Required: | | | | | Yes No | | *If* ***Yes*** *go to* ***4*** *and complete rest of the application.* | | | | | | | | | | | | | | | | | | | | | |
| 2. | If License is not required, does device comply with FCC Part 15? | | | | | Yes | | *Go to* ***13*** *and complete rest of the application.* | | | | | | | | | | | | | | | | | | | | | |
| 3. | Proposed Channels | | | | |  | | *Do not use Channels 1, 6 & 11, POS use only* | | | | | | | | | | | | | | | | | | | | | |
| **FCC License Information (As Required for Transmitter)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | FCC Applicant Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Job Title: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Company Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Company Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Telephone: | | | | |  | | | | | | | | email: | | | | | | |  | | | | | | | | |
| 9. | FCC Approval Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Approval End Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | FCC License Type: | | | | | Permanent Temporary | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Copy of FCC License Submitted: | | | | | Yes No | | | | | | | Frequency: | | | | |  | | | | | | | | | | | |
| RF Equipment Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | *Submit Installation Details, Operating Instructions and Product Specifications.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | Frequency Range: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | Output Power: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | Input Voltage: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| RF Equipment Installation Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Installer Contact Name/Title: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Company Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Company Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Telephone: | | | | |  | | | | | | | | | | Fax: | | | | | | |  | | | | | | |
| 5. | Proposed Installation Start Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Proposed Installation Completion Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Proposed Service Cut-Over Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Installation Location(s) Description: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Number of Installation Stations/Locations: | | | | | Longitude | | | Latitude | | | | | | | | | | Height | | | | | | | | Frequency Range | | |
| RF Service Information (As Required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | RF Service Application Type (Cellular, Data, VHF, UHF, WiFi, TV, etc): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Name/Title: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Service Provider Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Provider Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Telephone: | | | | |  | | | | | | | | | email: | | | | | | |  | | | | | | | |
| 6. | Requested Date to Begin Service: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Requested Date to End Service: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Service Owner/Port Sponsor Organization: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Telephone: | | | | |  | | | | | | | | | email: | | | | | | |  | | | | | | | |
| RF Equipment & Service Users Information (As Required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | List Potential Users of RF Equipment and Services: | | | | | Port of Seattle User | | | | | Airport Tenant Users | | | | | | | | | | | | | | Other Users | | | | |
| **Prepared by:** | | | | |  | | | | | | | | | | | | | | | **Date:** | | | | | |  | | |
| **Application is:** | | |  | Approved | | | | | |  | | Approved as noted *(see below)* | | | | | | | | | | | | | | | | | |
|  | | |  | Revise and Resubmit | | | | | |  | | Rejected | | | | | | | | | | | | | | | | | |
| Notes: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Aviation/Facilities & Infrastructure Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Upon approval, your project may require additional Cable Management System application information.**

## WHERE TO FILE

The *‘APPLICATION FOR CONNECTION’* documentsare to be filed with the Facilities & Infrastructure (F&I) office at the Sea-Tac International Airport (AOB Floor 3).

Applications and general questions about the application process can be emailed to AVCommittees@portseattle.org.