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| Send Completed Applications to: | [**AVCommittees@portseattle.org**](mailto:AVCommittees@portseattle.org) | Received by F&I: | Click or tap to enter a date. |

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| **SECTION 1** *(to be completed by POS Project Manager)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1: Acknowledgement:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I have completed an Application for Connection for connection to COMMUNICATION INFRASTRUCTURE | | | | | | | | | | | | | | | | | | | | | | | |  | | | I am using the current Application version  [For your convenience, below link is to all applications and instructions]  ([Applications for Utilities Connections | Port of Seattle (portseattle.org)](https://www.portseattle.org/page/applications-utilities-connections) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | This Special System(s) connects to EXISTING Comm Infrastructure and an Application for Connection to COMMUNICATION INFRASTRUCTURE does not apply | | | | | | | | | | | | | | | | | | | | | | | |  | | | I have reviewed the Application for Connection to Special Systems Instructions (Periodically check for updated information and support) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Project Coding:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submittal Date:** | | | | | | | **CIP #:** | | | | | | | | | | **Project ID:** | | | | | | | | | | | | **Activity:** | | | | | | | | | | | | | | | | | | | | | | | **Phase:** | | |
| Click or tap to enter a date. | | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | |
| **1.3: Project includes Special Systems Hardware and/or Applications involving (check all that apply):**  *NOTE: For further details of below list, including vendors and system owners, please reference:* [*Special Systems Matrix\_2023.xlsx (sharepoint.com)*](https://portseattle.sharepoint.com/:x:/r/sites/SPOC/_layouts/15/Doc.aspx?sourcedoc=%7BAE504CD2-F4BE-45C0-834C-EA4D93E7F31F%7D&file=Special%20Systems%20Matrix_2023.xlsx&action=default&mobileredirect=true) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 800 MHz Radio | | | | | | | | | | | | | | | |  | | Access Control System (ACS) | | | | | | | | | | | | | | | | | |  | | | Airport Breach/Duress System | | | | | | | | | | | | | | |
|  | Bag Carousel Information Displays | | | | | | | | | | | | | | | |  | | Baggage Keypad System | | | | | | | | | | | | | | | | | |  | | | BioMetric Air Exit System | | | | | | | | | | | | | | |
|  | Border Entry (APC) System | | | | | | | | | | | | | | | |  | | **Cable Television** (complete Section 1.5) | | | | | | | | | | | | | | | | | |  | | | Cellular Distributed Antenna System | | | | | | | | | | | | | | |
|  | Carbon Monoxide Monitoring System | | | | | | | | | | | | | | | |  | | Common Use Terminal Equip. (CUTE) | | | | | | | | | | | | | | | | | |  | | | Common Use Self-Service (CUSS) | | | | | | | | | | | | | | |
|  | Electric Ground Support Equip. (EGSE) | | | | | | | | | | | | | | | |  | | Fire Alarm System (FAS) | | | | | | | | | | | | | | | | | |  | | | Flight Information Displays (FIDS) | | | | | | | | | | | | | | |
|  | GPS Fleet Tracking -Rental Car Bus Wait Time | | | | | | | | | | | | | | | |  | | Intercom Systems | | | | | | | | | | | | | | | | | |  | | | Intelligent Transportation System (ITS) Roadway Digital Signage | | | | | | | | | | | | | | |
|  | Parking Revenue Control System | | | | | | | | | | | | | | | |  | | Passenger Flow System | | | | | | | | | | | | | | | | | | - | | | *Future System (placeholder)* | | | | | | | | | | | | | | |
|  | Perimeter Intrusion Detection Sys. (PIDS) | | | | | | | | | | | | | | | |  | | POS/SEA Digital Displays | | | | | | | | | | | | | | | | | |  | | | Power Monitoring System (EMS) | | | | | | | | | | | | | | |
|  | **Radio Frequency -Inc. FCC Licensed Systems** (complete Section 1.6) | | | | | | | | | | | | | | | |  | | Surface Area Mgmt. System (SAMS) | | | | | | | | | | | | | | | | | |  | | | Satellite Transit System Communications Display | | | | | | | | | | | | | | |
|  | Supervisory Control and Data Acquisition (SCADA) | | | | | | | | | | | | | | | |  | | Terminal Wide Voice Paging (TWVPS) | | | | | | | | | | | | | | | | | | - | | | *Future System (placeholder)* | | | | | | | | | | | | | | |
|  | Time to Train System (STS Train Display) | | | | | | | | | | | | | | | |  | | Vendor Electronic Displays | | | | | | | | | | | | | | | | | |  | | | Video Management System (VMS) | | | | | | | | | | | | | | |
|  | Visual Docking Guidance Sys. (Safe Dock) | | | | | | | | | | | | | | | |  | | Smart Bathroom (1 year Pilot) | | | | | | | | | | | | | | | | | | - | | | *Future System (placeholder)* | | | | | | | | | | | | | | |
|  | SYSTEM(s) -OTHER or NEW  (Or additional notes opportunity) | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.4: Project Contacts:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Group: | | | Company: | | | | | | | | | | | Representative: | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | | | Email: | | | | | | | | | | | |
| SEA PM: | | | Port of Seattle | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Design Firm: | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Systems Design Engineer: | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Tenant Rep.: | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Attn. Project Manager: Seek Project Design Engineer and/or SEA Tenant support as necessary to complete these sections** | **1.5: Cable Television Service Details:** (if not applicable, skip to section 1.6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Name or Tenant Space ID: | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Demarcation Panel ID: | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Total number of displays: | | | | | | | | | | #? | | | | *Demarcation to display horizontal coax is:* | | | | | | | | | | | | Home run to each display | | | | | | | | |  | | | RG-6 or greater | | | | | | |  | | Installed by owner | | | | | |  |
| *Television Owner/ Tenant Operator* | | | | Company: | | | | | | | | | | | | | | | | Contact Person: | | | | | | | | | | Phone: | | | | | | | | | | Email: | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | City: | | | | | | | | | | State: | | | | | | | | | | Zip Code: | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Any additional contacts to note? (Not listed in section 1.4) Include Project Role, Company, Rep., Phone, and Email per contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.6: Radio Frequency Systems- Including systems requiring FCC License:** (if not applicable, skip to Section 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *RF Service Type:* | | | | |  | Cellular | | | | |  | Data | | | | |  | VHF | | |  | | | UHF | | | | |  | | | Wi-Fi | | | | |  | | Broadcast TV antenna | | | | | |  | | Other (add notes below) | | | | | | |
| RF Service Notes: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Wi-Fi Systems for SEA Tenant shall be installed to keep strongest signal within leased footprint. Do NOT use SEA Airport reserved channels of 1, 6, and 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wi-Fi MAC address: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Radio type (802.11a, b, or g): | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| *Antenna Install Date Tracking:* | | | | | | Proposed START: | | | | | | | Click or tap to enter a date. | | | | | | | | | Proposed Completion: | | | | | | | | | | | Click or tap to enter a date. | | | | | | | | Proposed Cut-over (if req.): | | | | | | | | | Click or tap to enter a date. | | | |
| *Antenna Location(s) Tracking:* | | | | | | Amt: | | | | | | | Longitude: | | | | | | | | | | | | | | Latitude: | | | | | | | | | | | | Height: | | | | | | | | | Frequency Range: | | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | |
| *Antenna Owner/ Operator* | | | Company: | | | | | | | | | | | | | | | | Contact Person: | | | | | | | | | | | | Phone: | | | | | | | | | | | Email: | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | City: | | | | | | | | | | | | State: | | | | | | | | | | | Zip Code: | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Complete items below for FCC licensed antenna systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *FCC Applicant* | | | Company: | | | | | | | | | | | | | | | | Contact Person: | | | | | | | | | | | | Phone: | | | | | | | | | | | Email: | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | City: | | | | | | | | | | | | State: | | | | | | | | | | | Zip Code: | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| FCC Approval Date (per Frequency): | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approval End Date (per Frequency): | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frequency Range: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | Output Power: | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| FCC License Type | | | | | |  | | | Permanent | | | | | |  | | | Temporary | | | | | | Copy of FCC License submitted: | | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No | |
| Any additional contacts to note? (Not listed in section 1.4) Include Project Role, Company, Rep., Phone, and Email per contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SECTION 2** *(to be completed by Communications Design Engineer)* | | | | | | |
| **2.1: Acknowledgement:** | | | | | | |
|  | I have reviewed the applicable sections of the F&I SEA COMMUNICATION STANDARDS related to this project’s communication design. \*Periodically check for updated information: [Design Standards and Guidelines | Port of Seattle (portseattle.org)](https://www.portseattle.org/page/design-standards-and-guidelines) | | | |  | Comm/Special Systems Design Engineer(s) have been coordinating with Architectural, Electrical, Mechanical, and Civil teams for projects where applicable; especially on those that include new/remodeled comm rooms |
| **2.2: Project Design Questionnaire:** | | | | | | |
| YES | NO | N/A | See Notes | Design Engineer has provided design documentation for the following | Complete if “See Notes” box is selected | |
|  |  |  |  | **SEA Facility CAD Backgrounds**  (Include any Outside Plant, building floor, RCP Plans, etc. that detail Special System hardware) | Click or tap here to enter text. | |
|  |  |  |  | **One-line, System Schematics,** and/or **Riser diagram(s)** | Click or tap here to enter text. | |
|  |  |  |  | **Elevation Plans**  (Including wall field, and rack/cabinet elevations. Provide any details where Special Systems Hardware is to be mounted or installed) | Click or tap here to enter text. | |
|  |  |  |  | **Radio Frequency Plans**  (Including FCC License Submittals and antenna mounting details) | Click or tap here to enter text. | |
| Additional information (optional): | | | | Click or tap here to enter text. | | |

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| **SECTION 3: APPLICATION STATUS** *(to be completed by Facilities and Infrastructure Communication Engineer)* | | | | | | | | | | | | | | | | | | | | | |
|  | **3.1: Application compliance checklist:** | | | | | | | | | | | | | | | | | | | |  |
| YES | NO | | N/A | See Notes | | | | Confirm Items: | | | | | Completed if “See Notes” box is selected | | | | | | |
|  |  | |  |  | | | | Eligible for Expedited Review(s) | | | | | Click or tap here to enter text. | | | | | | |
|  |  | |  |  | | | | Associated *Application for Connection to Comm. Infrastructure* completed | | | | | Click or tap here to enter text. | | | | | | |
|  |  | |  |  | | | | COMM Design drawings included | | | | | Click or tap here to enter text. | | | | | | |
|  |  | |  |  | | | | Includes Utility and/or Licensed Connection (see 1.5 and/or 1.6) | | | | | Click or tap here to enter text. | | | | | | |
| **3.2: Application Status:** | | | | | | | | | | | | | | | | | | | |
|  | **Approved** | | | |  |  | **Approved as Noted** (see below) | | | | | |  |  | **Revise and Resubmit** |  |  | **Rejected** | |
| **Notes:** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Attend Special Systems Design Review at:** | | | | | 30% | | | 60% | 90% | 100% | Other: | | | | | 1st Application Received at %: | | | Choose an item. |
|  | | |  |  |  |  | Click or tap here to enter text. | | | |
| *Facilities and Infrastructure Communication Reviewer:* | | | | | | | | | | | | | | | | | | *Date:* | |
|  | | | | | | | | | | | | | | | | | | Click or tap to enter a date. | |
|  | | | | | | | | | | | | | | | | | | | |