



FIT SPECIAL PACKAGE WORKSHEET

Applicant : _____

Address: _____

City: _____ St: _____ ZIP: _____

Phone: _____ FAX: _____

EMAIL: _____

Contact Name: _____ Title: _____

IMPORTANT REQUIRED INFORMATION:

In order to process your application, FIT needs to log into the FCC application system with your FCC Registration (FRN) and password. If you do not have one, FIT will apply on your behalf using the password of your choice. In order to do this FIT requires either your Business TIN, or if filing as an individual, your Social Security Number. This information is kept in confidential, locked files and extraneous documents containing confidential information are promptly shredded. Please provide your current FRN and Password or SS/TIN Number and desired password.

FRN: _____ Password: _____

SS/TIN: _____ Desired Password: _____

Eligibility: What kind of a business are you or how do you intend to use the radio system?

CHOOSE your Package:

Outdoors Experience See Package #1 9 VHF channels up to 4 states \$175.00 []

List states: _____

Number of Mobiles: _____ Number of Portables: _____

Business Builder See Package #2 1 UHF pair at a fixed location \$250.00 []

At Location: _____

City: _____ County: _____ St. _____

Permanent Base or Repeater? Y/N _____

Number of Mobiles _____ Number of Portables _____

The Contractor See Package #3 3 UHF Pair Nationwide \$200.00 []

Temporary base or repeater? Y/N _____

Number of Mobiles: _____ Number of Portables: _____

FCC FEE. Mandatory Application/Regulatory Fees for 10-year license term \$260.00 []

Full payment for FIT Services and FCC Filings must accompany this application and the FCC application Form 601 signature page.

Total Fees enclosed: \$ _____

I authorize FIT to coordinate and file on my behalf for the above FCC Radio license, including if necessary, obtaining a FCC FRN and Password. I understand that all frequencies are shared and not licensed to the exclusive use of any entity and I will conduct all operations in accordance with the terms of the license and FCC Rules and Regulations.

Signature: _____ Printed: _____

Title: _____ Date: _____

Return with Full Payment to:

FIT 1565 Oak Street Eugene, OR 97401

541-485-8441

www.landmobile.com

Services and fees subject to change without notice.

FIT06/01/08