



Antenna Structure Registration (ASR) Worksheet

Administrative Information

Tower Information/License Name:
Attention of:
Mailing Address: City: State: ZIP Code:
Phone: Fax: Email:
Federal Tax ID or TIN #:
Email:
FRN and Password:

Sponsor's Representative Information

Name
Mailing Address: City: State: ZIP Code:
Phone: Fax: Email:

Construction Information: NEW Construction Alteration Existing
Duration: Permanent Temporary (Months, Days)
Structure Type: GT Tower Ltower Mast Crane Building Power Line Landfill
Water Tank

Structure Details:

Latitude: Deg Mins Secs
Longitude: Deg Mins Secs
Frequency Band (MHz): 450-470 150-170 800/900
Ground Elevation: (feet) Structure
Height: (feet)
Total Height (ASML): (feet) (Add elevation and structure height)

Construction Information: NEW Construction Alteration Existing
Duration: Permanent Temporary (Months, Days)
Structure Type: GT Tower Ltower Mast Crane Building Power Line Landfill
Water Tank

Structure Details:

Latitude: _____ Deg _____ Mins _____ Secs

Longitude: _____ Deg _____ Mins _____ Secs

Frequency Band (MHz) 450-470 150-170 800/900

Ground Elevation: _____ feet)

Structure Height: _____ (feet)

Total Height (ASML): _____ (feet) (Add elevation and structure height)

Marking/Lighting: _____

Nearest City: _____ State _____

Telephone Number: _____

Physical Address to Structure: _____

Description of Location: *(Provide as separate attachment of a map indicating precise site location)*

Description of Proposal:

Fee Information

For information regarding EWA and FCC fees, please see EWA’s website at

https://www.enterprisewireless.org/resources/schedule_services.

Notice: After the Federal Aviation Administration (FAA) has approved the determination study, you must then file that FAA study number with the FCC, which will incur a charge.

If you are not registered, EWA will register your TIN/SSN with the FCC for an additional fee.

Method of Payment

Enclosed is a check (Made payable to EWA) in the amount of \$

Charge to VISA MasterCard American Express

Credit Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name: _____

Street Address: _____ ZIP: _____

Card Holder/Authorized Signature: _____

