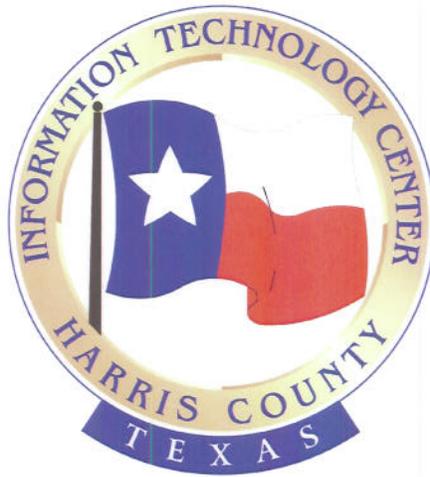


HARRIS COUNTY
INFORMATION TECHNOLOGY CENTER
REGIONAL RADIO CENTER

Steven W. Jennings, Chief Information Officer



APPLICATION FOR REGION 51
800 MHZ. RADIO SPECTRUM

Presented by Regional Radio Center

Craig Bernard, Managing Director, Regional Radio Center

May 5, 2009

Mr. Douglas Frankhouser, Chairman
NPSPAC Region 51
Houston Airport System
Public Safety & Technology
16930 JFK Blvd.
Houston, Texas 77032

Dear Chairman Frankhouser:

Harris County requests to relocate and reuse existing licensed frequencies to provide needed additional capacity for the Regional Radio System, consisting of 13 counties, which will serve to expand to include Austin County and increase coverage in eastern Chambers County and to reduce the per channel loading for the users of the system. Currently the system has loading of 38000 units.

Chambers County, Fort Bend County, Brazoria County, City of Pasadena, Waller County, Liberty County, Walker County, City of Houston Aviation, Missouri City, Galveston County, League City, Matagorda County and Montgomery County through the execution of interlocal agreements, have become participating members in the Regional Radio System.

The appropriate APCO and FCC forms have been completed and are attached.

Implementation will be complete within twelve (12) months after the FCC has authorized the request of frequencies.

Sincerely,

Steven W. Jennings, Chief Information Officer
Harris County Information Technology Center

To Whom It May Concern:

Radio Communications

Adjacent Channel Interference

In all Harris County radio planning, careful attention is given to minimize radio interference on all radio channels. Most interference can be minimized through proper planning and engineering. However, in some cases, even where proper engineering has been employed, interference can be caused by equipment failure and/ or poor servicing techniques.

Concerning any or all Harris County radio sites and/or channels, Harris County Regional Radio Center is dedicated to the highest standards and performance that can be obtained in the industry. In the event of adjacent channel interference, or any type of interference which is caused radio equipment owned and maintained by Harris County, Harris County will correct the problem with its equipment or cease operation on that radio channel until the problem is resolved. If the interference cannot be remedied through normal techniques, and there is no equipment problem, Harris County will remove, re-license, and relocate the interfering radio channel to a new licensed physical location to resolve the problem and to adhere and conform to all standards approved in the NPSPAC Region 51 Plan.

Craig Bernard
Managing Director
Regional Radio Center
Harris County Information Technology Center

REGION 51 APPLICATION FOR RADIO SPECTRUM FROM HARRIS COUNTY

Note: The following document is required for each applicant.

SYSTEM DESIGN

Harris County requests to relocate and reuse existing licensed frequencies to provide needed additional capacity for the Regional Radio System, consisting of 13 counties, which will serve to reduce the per channel loading for the users of the system. Currently the system has loading of 38000 units.

FUNDING STATEMENT

The equipment and / or upgrades for existing equipment have been purchased.

IMPLEMENTATION SCHEDULE

The County intends to have the additional sites and repeaters fully implemented on the System within twelve (12) months after receiving the frequencies.

EXISTING FREQUENCY STATEMENT

Harris County currently operates in cooperation with Chambers County, Ft Bend County, Brazoria County, City of Pasadena, League City, Walker County, Missouri City, Matagorda County, and Montgomery County System owners through interlocal agreements a 263 channel 800 MHz trunked radio system reusing frequencies and Dynamic Frequency Blocking (DFB) where tower separation allows. We are also implementing a fully digital P25 system.

APPLICANT GENERAL INFORMATION - SECTION A

1. Name of Applicant: Harris County
2. Name of Preparer : Patrick Burleson
3. Title: Radio Systems Coordinator
4. Mailing Address: 406 Caroline 4th Floor
Houston, Texas 77002-2027
5. Telephone Number: 713-755-3170
6. Residential Population : 3.5 Million (2000 Census)
7. Business/Tourist Population:
8. Square Mile Area: 12,500 (HGAC figures)
9. Unique Geographic Considerations:

The Regional Radio System ground elevation at its southern end is at or near sea level while areas in the northern end of the region are heavily wooded.

10. Unique Demographic Considerations:
 - 1 Southern Region is home to a number of petrochemical industrial facilities.
 - 2 Home of The Port of Houston is a 25-mile-long complex of diversified public and private facilities located just a few hours' sailing time from the Gulf of Mexico The port is ranked first in the United States in foreign waterborne Commerce, second in total tonnage, and sixth in the world.
 - 3 Home of George Bush Intercontinental Airport the 8th busiest airport in the U.S. for total passengers, and 7th largest international passenger gateway in the Nation
 - 4 Houston is the fourth largest city in the U.S.
11. List all Departments/Divisions within above Applicant which have separate Communications Systems None

ADDITIONAL INFORMATION SECTION C

**Note: One SECTION C is required for each
department/division**

1. Name of Applicant: Harris County
2. Name of Department/Division: Information Technology Center
3. How many channels are being requested for this division:

Reuse of 14 existing licensed.
4. State the intended use for the frequencies and the proposed system structure and spectrum considerations (interoperability):

Intended use is for public safety trunked system in the 821 MHz band.
5. What frequency band is desired for the new frequency? 821 MHz
6. Explain requirements for the selected band and reason why other spectrum will not suffice:

Harris County requests to relocate and reuse existing licensed frequencies to provide needed additional capacity for the Regional Radio System, which will serve to reduce the per channel loading for the users of the system

SHORT FORM
PUBLIC SAFETY PLANNING COMMITTEE FREQUENCY
ASSIGNMENT REQUEST
For the 821 / 866-869 MHz Band
For inclusion as part of the
REGION 51 Public Safety Communications initial Frequency Assignment

Name of applicant: County of Harris, Texas
Mailing Address 406 Caroline St. 4th Floor
City, State, Zip: Houston, Texas 77002

Authorized Signature _____

Steven W. Jennings, Chief Information Officer
Information Technology Center

Is this a request for a new station?

YES

If for a new station, will it be trunked or conventional?

TRUNKED

Is this request for expansion of an existing system?

YES

If for expansion of an existing 800 MHz station, how many RF channels are there in the existing system?

263

How many channels are you requesting from the new 821-866 MHz band?

Reuse of 14 existing licensed frequencies.

How many channels are you requesting from the new 821-866 MHz band?

Reuse of 14 existing licensed frequencies.

Please list your existing frequencies and explain their use.

SEE ATTACHED COPY OF LICENSES FOR FREQUENCIES

Will the use of the requested frequencies replace use of existing frequencies currently licensed?

NO

If use of the requested frequencies will replace the use of existing frequencies currently licensed, you may be required to “give back” some current frequencies. Please list the frequencies you would consider as “give backs” after your new channels are in operation.

Please give a month and year estimate for when you would expect the channels to become operational. Within 1 year of license being granted.

Please describe any actions that your entity has taken to fund the purchase of equipment for the requested channels. If no action has occurred, please indicate that no action has been accomplished and indicate how you expect your entity to fund the purchase of new equipment and what date you expect it to occur. Equipment has been purchased.

Please give the proposed latitude and longitude where the frequency transmitters will be located.

	High Island	Cat Springs	Bleiblerville
Latitude	29-33-47.4N	29-51-53.0 N	29-59-52.8 N
Longitude	094-23-34.8W	096-20-40.0 W	096-26-14.8 W

Keeping in mind the jurisdictional boundary restrictions, please give the approximate radius, in miles that you expect to cover, from the proposed transmitter site.

High Island	Cat Springs	Bleiblerville
10	20	20

Please give the ground elevation at the site where the transmitting antenna will be located.

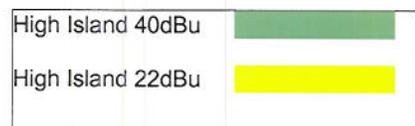
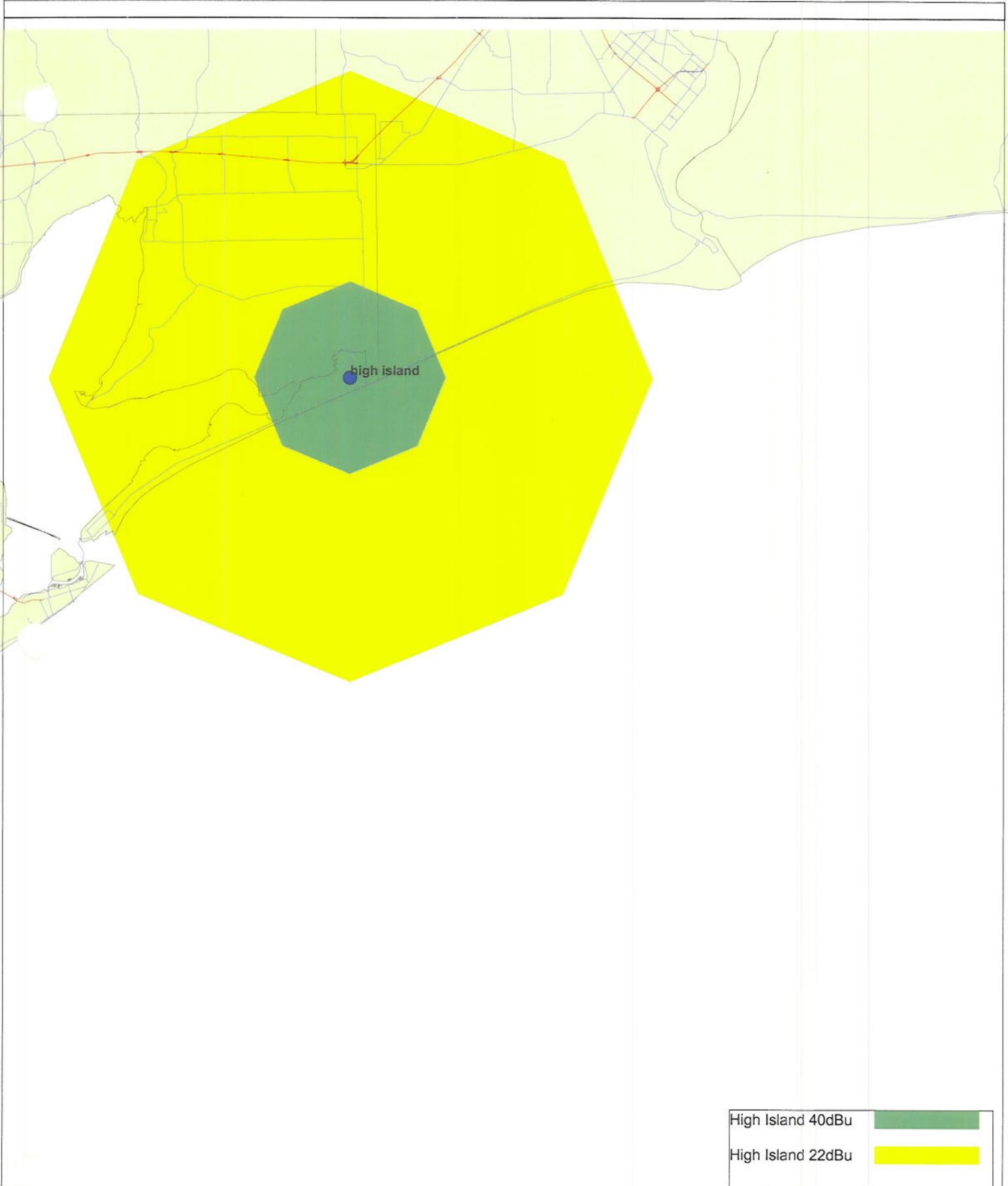
Site	High Island	Cat Springs	Bleiblerville
Elevation	11.7 m	106.7 m	107.9 m

Please give the average ground elevation for the radius that you expect to cover.

High Island	Cat Springs	Bleiblerville
11 m	106.7 m	107.9 m

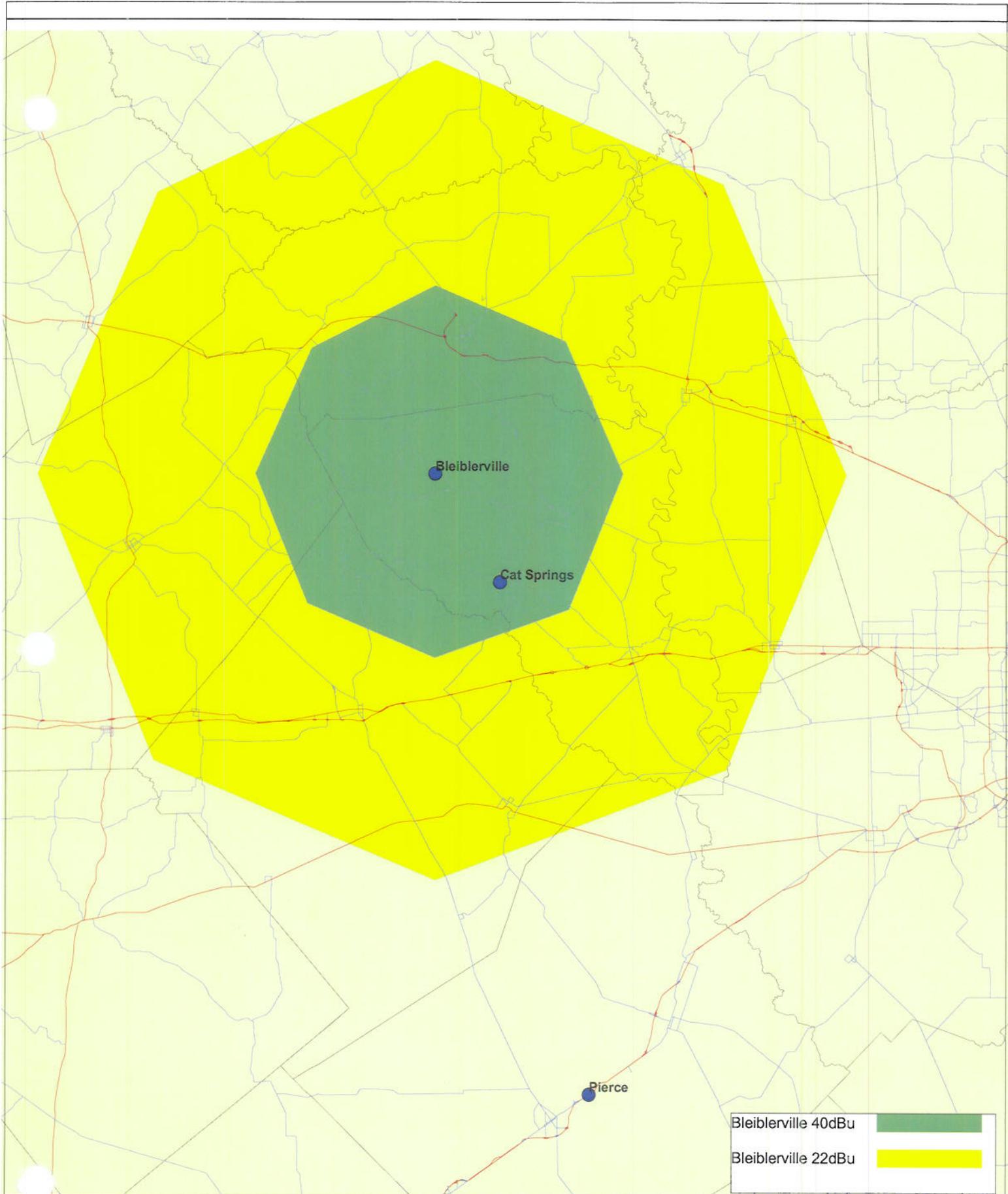
Please give the height the transmitting antenna will be mounted above average elevation.

	High Island	Cat Springs	Bleiblerville
	39.0 m	118.9 m	211.8m



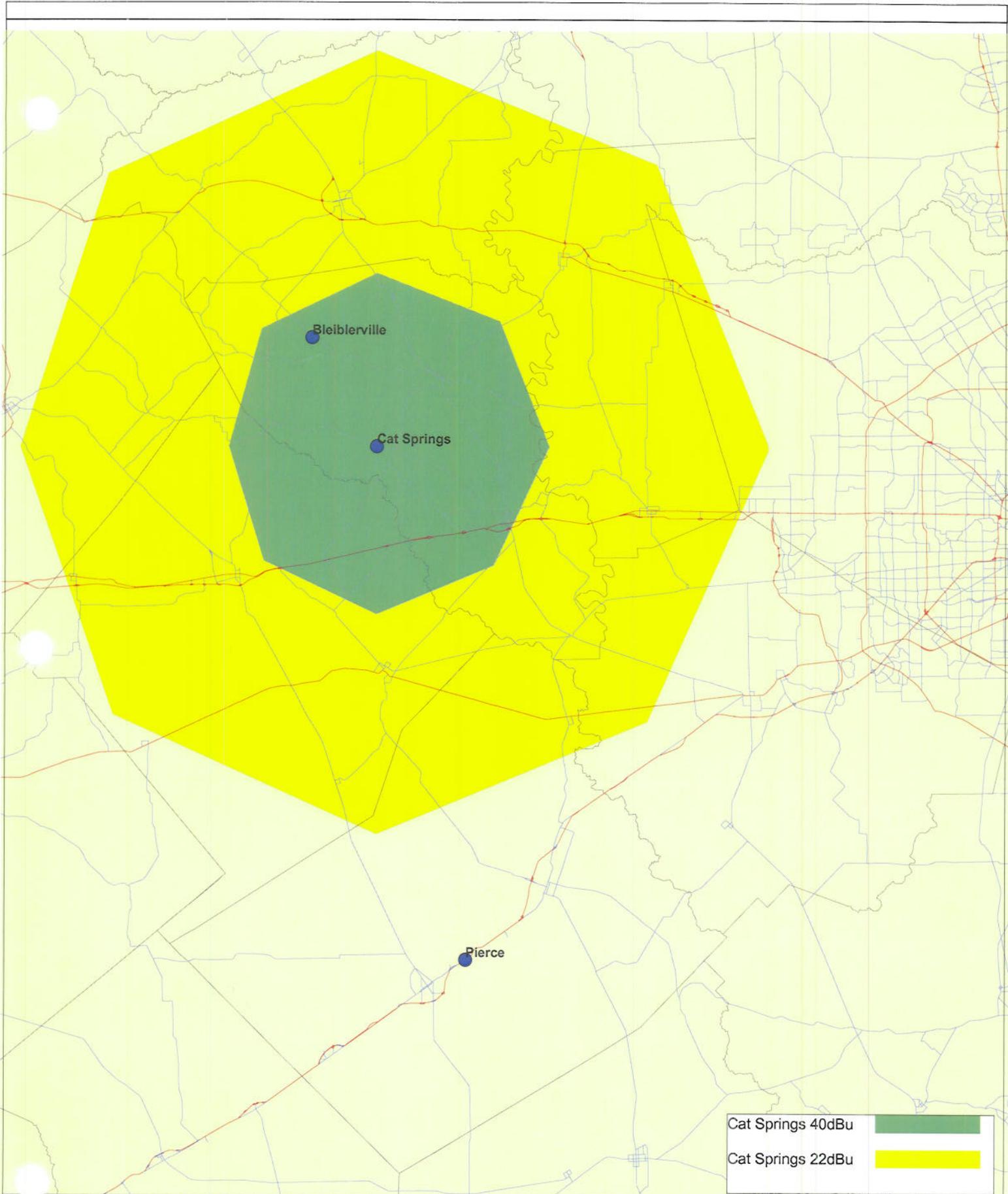
0 10.26 20.52 mi
1 inch = 10.26 miles @ 1/650000

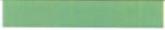
Projection World_Mercator
Center Point 29:14:15.88 N 94:10:32.67 W



0 10.26 20.52 mi
1 inch = 10.26 miles @ 1/650000

Projection World_Mercator
Center Point 29:47:13.96 N 96:20:14.42 W



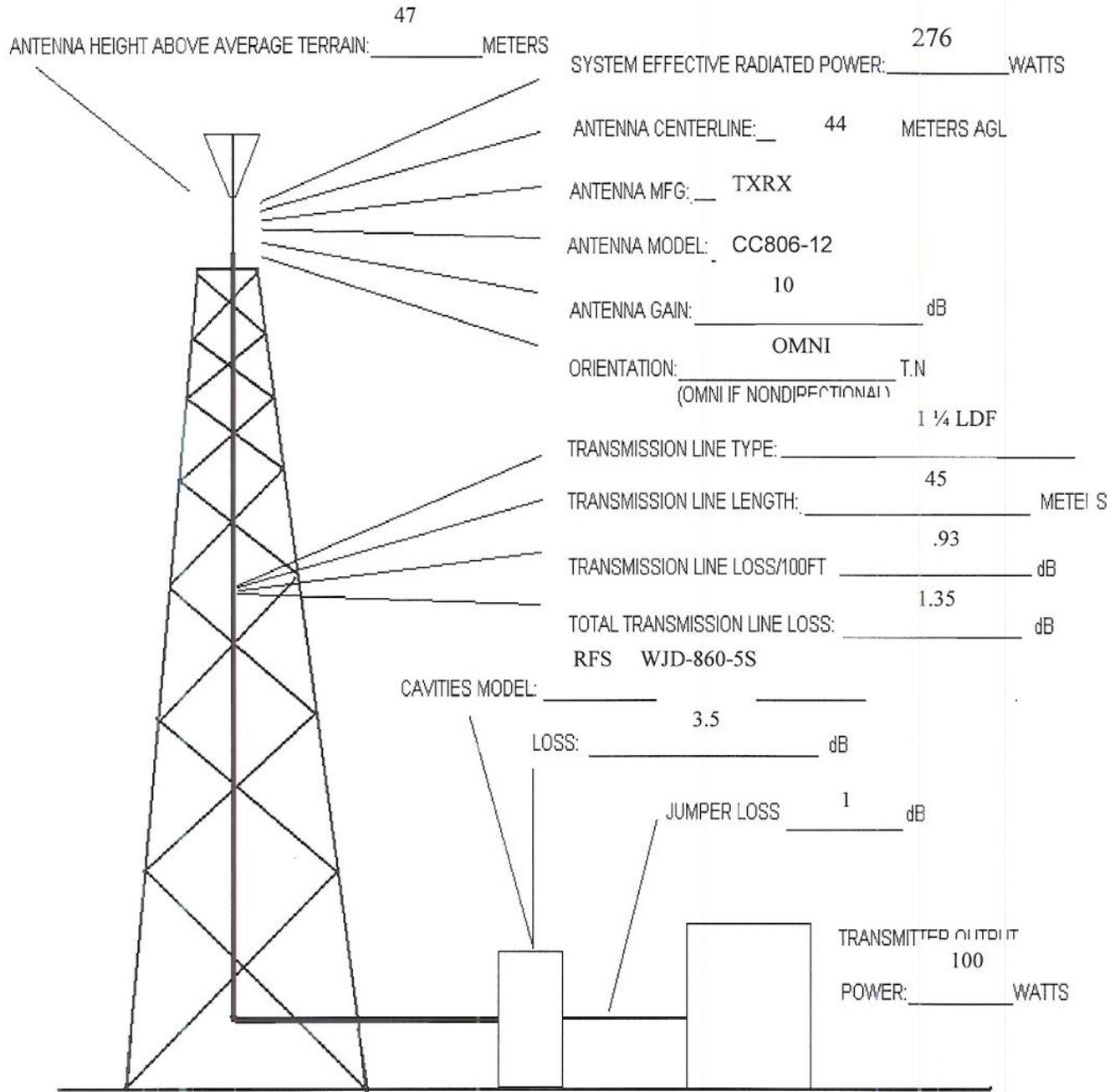
Cat Springs 40dBu	
Cat Springs 22dBu	

0 10.26 20.52 mi
1 inch = 10.26 miles @ 1/650000

Projection World_Mercator
Center Point 29:37:10.23 N 96:9:41.75 W

APPENDIX 8

High Island

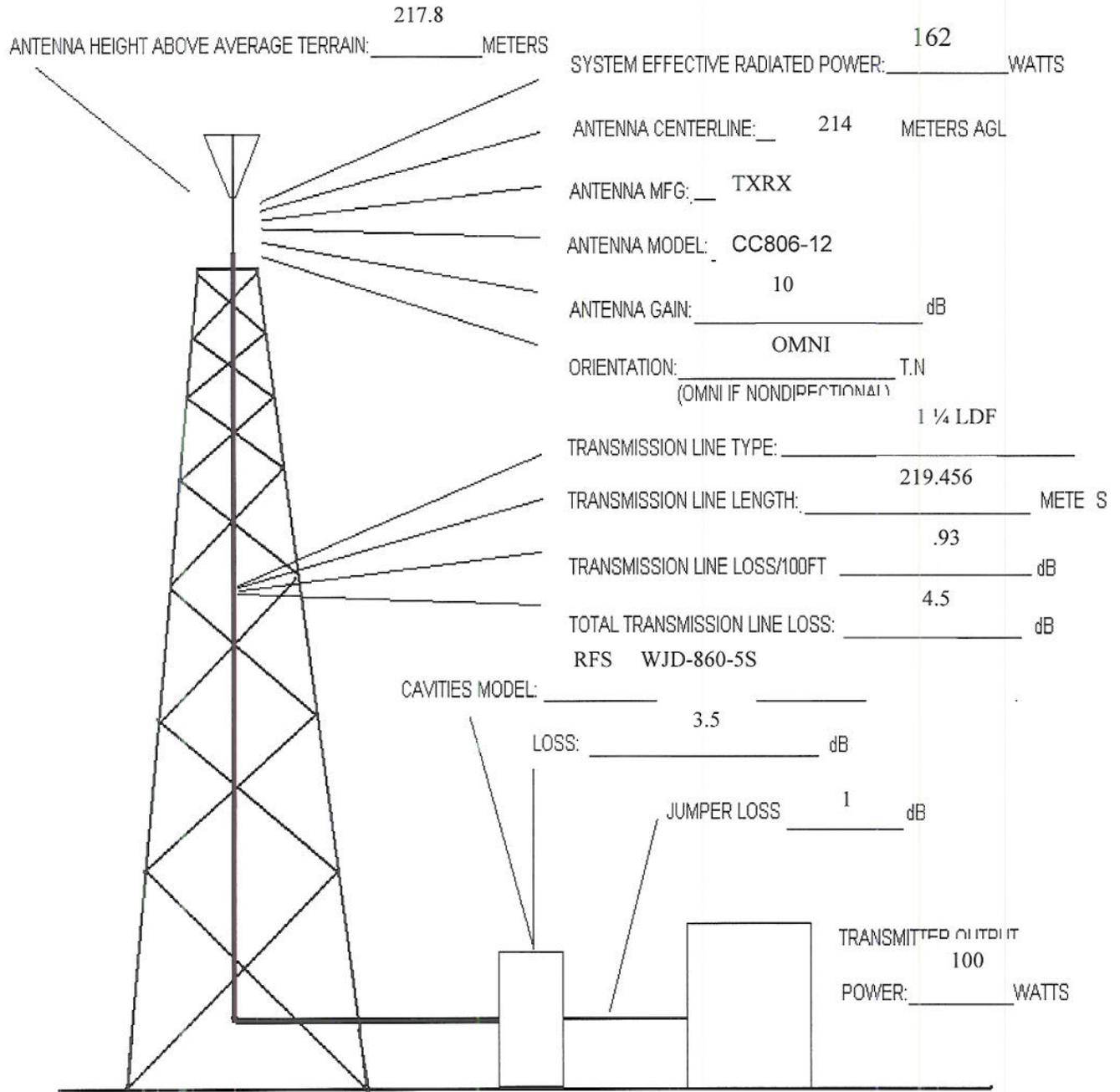


AVERAGE ELEVATION 23 METERS

GROUND ELEVATION 11.6 METERS

APPENDIX 8

Bleiberville

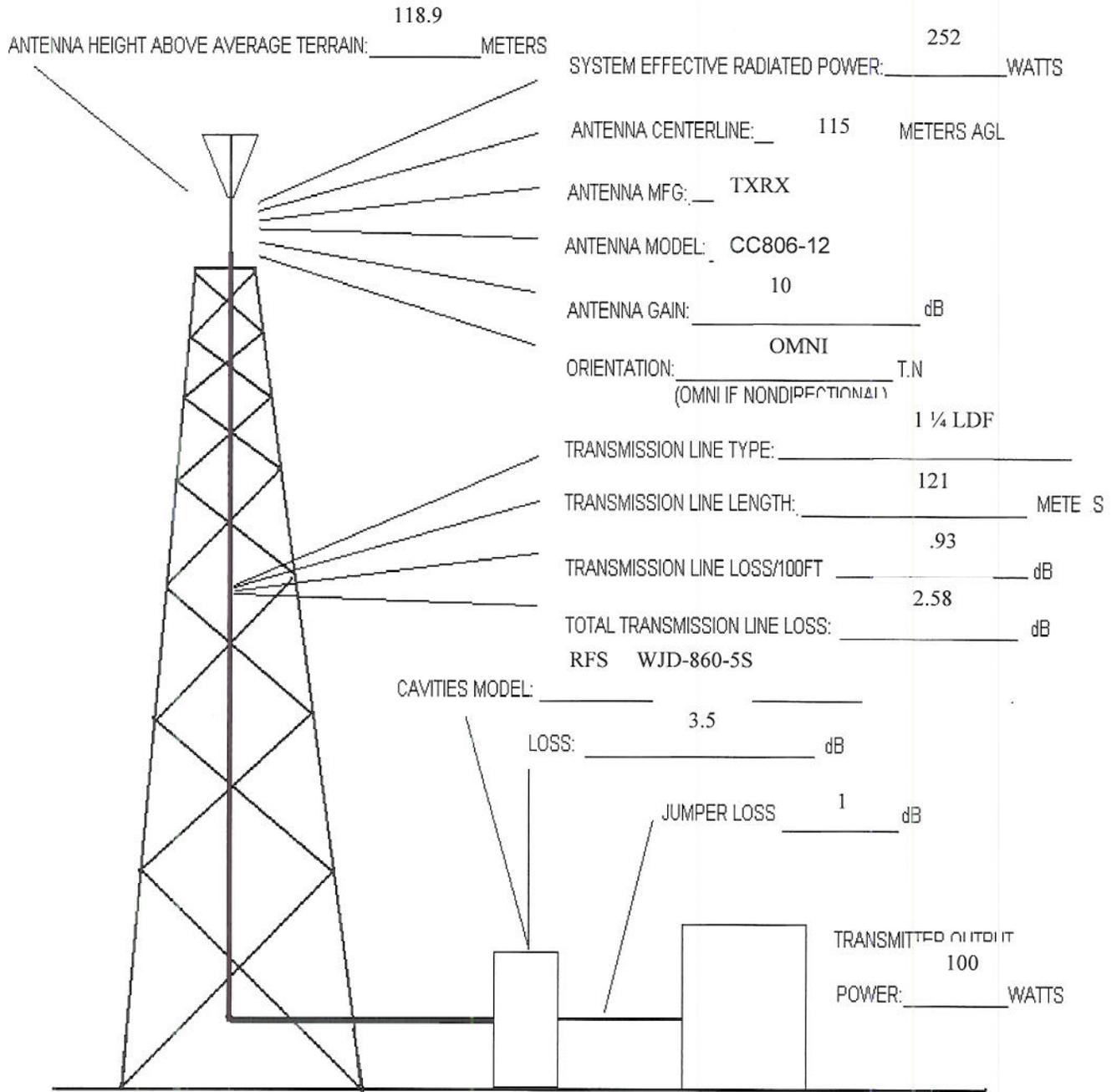


AVERAGE ELEVATION 110 METERS

GROUND ELEVATION 107.9 METERS

APPENDIX 8

Cat Springs



AVERAGE ELEVATION 106 METERS

GROUND ELEVATION 106.7 METERS

1) Radio Service Code: <p style="text-align: center;">YP</p>	1a) Existing Radio Service Code:
---	----------------------------------

Application Purpose (Select only one) (NE)

2) NE - New MD - Modification AM - Amendment	RO - Renewal Only RM - Renewal/Modification CA - Cancellation of License	CO - Consolidate Call Signs WD - Withdrawal of Application DU - Duplicate License	NT - Required Notifications EX - Requests for Extension of Time AU - Administrative Update
3a) If this request is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).			(S) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.			(N) <u>Y</u> es <u>N</u> o
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.			File Number
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.			Call Sign
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).			MM DD
7) Is this request "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).			(N) <u>Y</u> es <u>N</u> o
8a) Does this filing request a Waiver of the Commission's rules? If 'Yes', attach an exhibit providing rule numbers and explaining circumstances.			(N) <u>Y</u> es <u>N</u> o
8b) If attaching a waiver request to this filing, enter the number of rule sections involved.			0
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?			(N) <u>Y</u> es <u>N</u> o
9) Are attachments being filed with this application?			(N) <u>Y</u> es <u>N</u> o

Applicant Information

10) FCC Registration Number (FRN): <p style="text-align: center;">0003556537</p>			
11) Applicant/Licensee is a(n): (G) Individual Unincorporated Association Trust Government Entity Joint Venture Corporation Limited Liability Corporation Partnership Consortium			
12) First Name (if individual):	MI:	Last Name:	Suffix:
13) Entity Name (if other than individual): Harris County, of			
14) Name of Real Party in Interest of Applicant (if different from applicant):		15) Taxpayer Identification Number of Real Party in Interest:	

Applicant Information (continued)

16) Attention To: STEVEN W. JENNINGS		
17) P.O. Box:	And /Or	18) Street Address: 406 CAROLINE, 4TH FLOOR
19) City: HOUSTON	20) State: TX	21) Zip: 77002-
22) Telephone Number: (713) 755-6685		23) FAX: (713) 755-8941
24) E-Mail Address: STEVE.JENNINGS@ITC.HCTX.NET		

Contact Information (If different from the applicant)

25) First Name: JAMES	MI: A	Last Name: BRIDWELL	Suffix:
26) Entity Name: HARRIS COUNTY I.T.C.			
27) P.O. Box:	And /Or	28) Street Address: 2500 TEXAS	
29) City: HOUSTON	30) State: TX	31) Zip: 77003-	
32) Telephone Number: (713) 755-1691		33) FAX: (713) 755-8894	
34) E-Mail Address: JBRIDWELL@HCTX.NET			

Regulatory Status

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):
 Common Carrier Non-Common Carrier Private, internal communications Broadcast Services Band Manager

Type of Radio Service

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):
 Fixed Mobile Radiolocation Satellite (sound) Broadcast Services

37) Interconnected Service? (N) Yes No

Fee Status

38) Is the applicant exempt from FCC application fees? (Y) Yes No

39) Is the applicant exempt from FCC regulatory fees? (Y) Yes No

Alien Ownership Questions (If any answer is 'Yes', attach exhibit explaining circumstances.)

40) Is the applicant a foreign government or the representative of any foreign government?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
41) Is the applicant an alien or the representative of an alien?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
42) Is the applicant a corporation organized under the laws of any foreign government?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No

Basic Qualification Questions (If any answer is 'Yes', attach exhibit explaining circumstances.)

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	(<input type="radio"/> N) <input checked="" type="radio"/> Yes <input type="radio"/> No

Aeronautical Advisory Station (Unicom) Certification

49) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

50) Race, Ethnicity, and Gender of Applicant/Licensee (Optional):

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

General Certification Statements

- 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*
*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The applicant certifies that it either (1) has a current Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's rules.
- 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

Signature

51) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
Steven	W	Jennings	

52) Title:
Chief Information Officer

Signature:	53) Date:
------------	-----------

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

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

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 1	
3) Location Description: FX		4) Area of Operation Code:	
		5) Location Name: High Island	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 29 - 33 - 47.4		8) Longitude (DDD-MM-SS.S): 094 - 23 - 34.8	
NAD83 (N) <u>N</u> or <u>S</u>		NAD83 (W) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description: 2041 Seventh ST.			
10) City: High Island		11) State: TX	
		12) County/Borough/Parish: Galveston	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 11.6		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 36.0	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 39.0	
16) Support Structure Type: POLE			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	
		19) Airport Identifier:	
		20) Site Status:	
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (N) <u>Yes</u> <u>No</u>			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <u>No</u> If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 2	
3) Location Description: 6.1		4) Area of Operation Code:	5) Location Name: control station
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A/			
7) Latitude (DD-MM-SS.S): - -		NAD83 () <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): - -
NAD83 () <u>E</u> or <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		NAD83 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)
- -		- -	NAD83 () <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada?			(N) <u>Yes</u> <u>No</u>
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(N) <u>Yes</u> <u>No</u>
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

Wireless Telecommunications Bureau Schedule for
Station Locations and Antenna Structures

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 3	
3) Location Description: MO		4) Area of Operation Code:	
		5) Location Name: mobile	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): - -		8) Longitude (DDD-MM-SS.S): - -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
		12) County/Borough/Parish:	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	
		19) Airport Identifier:	
		20) Site Status:	
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)	
- -		- -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (N) <u>Yes</u> <u>No</u>			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (N) <u>Yes</u> <u>No</u> If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

Technical Data Schedule for the
Private Land Mobile and Land Mobile Broadcast Auxiliary
Radio Services (Parts 90 and 74)

Eligibility

1) Rule Section: 90.617	2) Describe Activity: Applicant is a Government Agency. Radios will be used to coordinate Public Safety & Community activities.
----------------------------	---

Frequency Coordinator Information (if not self-coordinated)

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
		() -	
7) Has this application been successfully coordinated?			(N) Yes/No

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	() Yes/No
---	------------

Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete Items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this applicant is a: () Broadcast Network Entity Television Cable Operator Motion Picture Producer Television Producer			14) State of Primary Operation:

Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number
A	1	406 Caroline Houston Harris TX	(713) 755-6037

Frequency Information

28) Action () A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
A	1	1	Existing (if mod)	New 867.57500000	FB2	1		100.000	276.000	20K0F9W
A	1	1	Existing (if mod)	New 867.65000000	FB2	1		100.000	276.000	20K0F9W
A	2	1	Existing (if mod)	New 822.57500000	FX1	600		15.000	10.000	20K0F9W
A	2	1	Existing (if mod)	New 822.65000000	FX1	600		15.000	10.000	20K0F9W
A	2	1	Existing (if mod)	New 867.57500000	FX1	600		15.000	10.000	20K0F9W
A	2	1	Existing (if mod)	New 867.65000000	FX1	600		15.000	10.000	20K0F9W
A	3	1	Existing (if mod)	New 822.57500000	MO	20000		35.000	35.000	20K0F9W
A	3	1	Existing (if mod)	New 822.65000000	MO	20000		35.000	35.000	20K0F9W
A	3	1	Existing (if mod)	New 867.57500000	MO	20000		35.000	35.000	20K0F9W
A	3	1	Existing (if mod)	New 867.65000000	MO	20000		35.000	35.000	20K0F9W
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						



APCO International

FDR-3 Form

AFC

Page 0 of 0

Automated Frequency Coordination
351 N. Williamson Blvd.
Daytona Beach, FL 32114-1112
(904) 322-2500

APCO ID# (APCO use only) _____
 OFFICIAL NAME OF APPLICANT _____
 _____ Harris County
 CONTACT NAME E-MAIL
 Steven W Jennings _____

FREQUENCY BAND PREFERRED

- | | |
|--|--|
| <input type="checkbox"/> VHF LOW BAND (30-50 MHz) | <input checked="" type="checkbox"/> NPSPAC (821-824/866-869 MHz) |
| <input type="checkbox"/> VHF HIGH BAND (150-174 MHz) | <input type="checkbox"/> 800 MHz (806-823/851-868 MHz) |
| <input type="checkbox"/> UHF BAND HIGH POWER (450-470 MHz) | <input checked="" type="checkbox"/> TRUNKED |
| <input type="checkbox"/> UHF BAND LOW POWER (450-470 MHz) | <input type="checkbox"/> CONVENTIONAL |
| <input type="checkbox"/> UHF TV BAND (470-512 MHz) | <input type="checkbox"/> SLOW GROWTH |

_____ 2 NO. OF FREQUENCIES REQUESTED

METHOD OF PAYMENT

*CHECK NO: _____ *PURCHASE ORDER/VOUCHER NO: _____

*CREDIT CARD PAYMENT: CREDIT CARD NO: _____

EXP. DATE: 11 _____ AMOUNT AUTHORIZED \$ _____

RECEIPT ADDRESS:

Name _____ Attn.: _____

Street _____ City _____ State _____ Zip Code _____

***BILLING AUTHORIZATION (SIGNATURE AND BILLING ADDRESS REQUIRED):**

By signing below, authorization would be given for APCO to bill for the necessary APCO coordination fees according to the most current APCO fee schedule. It would be the responsibility of the signor to make payment when due.

DATE 11 _____

 AUTHORIZED NAME (please print) AUTHORIZED SIGNATURE

BILLING ADDRESS:

Name Harris County _____ Attn: Steven W. Jennings _____

Street 406 Caroline 4th floor _____ City Houston _____ State TX _____ Zip Code 77002 _____

COMPLY FULLY WITH ALL INSTRUCTIONS ON REVERSE SIDE

APPLICANT REMARKS:

(Enter pertinent information which will enable APCO to understand what you are trying to accomplish by this application.)

Apco Fee Apco Use Only	Loc#	Ant#	A D D	M o D	D E L	TRANSMIT FREQUENCY	RECEIVE FREQUENCY	ANT DOWN TILT	SQUELCH TONI S
	1	1	X			867.57500000	822.57500000		
	1	1	X			867.65000000	822.65000000		
	2	1	X			822.57500000	867.57500000		
	2	1	X			822.65000000	867.65000000		
	2	1	X			867.57500000	867.57500000		
	2	1	X			867.65000000	867.65000000		
	3	1	X			822.57500000	867.57500000		
	3	1	X			822.65000000	867.65000000		
	3	1	X			867.57500000	867.57500000		
	3	1	X			867.65000000	867.65000000		

1) Radio Service Code: <p style="text-align: center;">YP</p>	1a) Existing Radio Service Code:
---	----------------------------------

Application Purpose (Select only one) (NE)

2) NE - New MD - Modification AM - Amendment	RO - Renewal Only RM - Renewal/Modification CA - Cancellation of License	CO - Consolidate Call Signs WD - Withdrawal of Application DU - Duplicate License	NT - Required Notifications EX - Requests for Extension of Time AU - Administrative Update
3a) If this request is for a <u>Developmental License</u> , <u>Demonstration License</u> , or a <u>Special Temporary Authorization (STA)</u> , enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).			(S) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.			(N) <u>Yes</u> <u>No</u>
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.			File Number
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.			Call Sign
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).			MM DD
7) Is this request "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).			(N) <u>Yes</u> <u>No</u>
8a) Does this filing request a Waiver of the Commission's rules? If 'Yes', attach an exhibit providing rule numbers and explaining circumstances.			(N) <u>Yes</u> <u>No</u>
8b) If attaching a waiver request to this filing, enter the number of rule sections involved.			0
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?			(N) <u>Yes</u> <u>No</u>
9) Are attachments being filed with this application?			(N) <u>Yes</u> <u>No</u>

Applicant Information

10) FCC Registration Number (FRN): <p style="text-align: center;">0003556537</p>			
11) Applicant/Licensee is a(n): (G) Individual Unincorporated Association Trust Government Entity Joint Venture Corporation Limited Liability Corporation Partnership Consortium			
12) First Name (if individual):	MI:	Last Name:	Suffix:
13) Entity Name (if other than individual): Harris County, of			
14) Name of Real Party in Interest of Applicant (If different from applicant):		15) Taxpayer Identification Number of Real Party in Interest:	

Applicant Information (continued)

16) Attention To: Steven W.Jennings			
17) P.O. Box:	And /Or	18) Street Address: 406 Caroline	
19) City: Houston	20) State: TX	21) Zip: 77002-	
22) Telephone Number: (713) 755-6685		23) FAX: (713) 755-8941	
24) E-Mail Address: steve.jennings@itc.hctx.net			

Contact Information (If different from the applicant)

25) First Name: James	MI:	Last Name: Bridwell	Suffix:
26) Entity Name: Harris County I.T.C.			
27) P.O. Box:	And /Or	28) Street Address: 2500 Texas	
29) City: Houston	30) State: TX	31) Zip: 77003-	
32) Telephone Number: (713) 755-1691		33) FAX: (713) 755-8941	
34) E-Mail Address: james.bridwell@itc.hctx.net			

Regulatory Status

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):
() Common Carrier () Non-Common Carrier (X) Private, internal communications () Broadcast Services () Band Manager

Type of Radio Service

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):
(X) Fixed (X) Mobile () Radiolocation () Satellite (sound) () Broadcast Services

37) Interconnected Service? (N) Yes No

Fee Status

38) Is the applicant exempt from FCC application fees? (Y) Yes No

39) Is the applicant exempt from FCC regulatory fees? (Y) Yes No

Alien Ownership Questions (If any answer is 'Yes', attach exhibit explaining circumstances.)

40) Is the applicant a foreign government or the representative of any foreign government?	(N) <u>Yes</u> No
41) Is the applicant an alien or the representative of an alien?	(N) <u>Yes</u> No
42) Is the applicant a corporation organized under the laws of any foreign government?	(N) <u>Yes</u> No
43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(N) <u>Yes</u> No
44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(N) <u>Yes</u> No

Basic Qualification Questions (If any answer is 'Yes', attach exhibit explaining circumstances.)

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	(N) <u>Yes</u> No
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	(N) <u>Yes</u> No
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(N) <u>Yes</u> No
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	(N) <u>Yes</u> No

Aeronautical Advisory Station (Unicom) Certification

49) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

50) Race, Ethnicity, and Gender of Applicant/Licensee (Optional):

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

General Certification Statements

- 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*
*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The applicant certifies that it either (1) has a current Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's rules.
- 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

Signature

51) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
Steven	W	Jennings	
52) Title:			
Signature:			53) Date:

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

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

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 1	
3) Location Description: FB2		4) Area of Operation Code:	5) Location Name: Bleiberville
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): 1211485			
7) Latitude (DD-MM-SS.S): - -		NAD83 () <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): - -
			NAD83 () <u>E</u> or <u>W</u>
9) Street Address, Name of Landing Area, or Other Location Description: inter. of rds. 2502 and 2754			
10) City: Nelsonville	11) State: TX	12) County/Borough/Parish: Austin	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 107.9	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 210.0	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 211.8	
16) Support Structure Type: NNTANN			
17) Location Number: (only for Area of Operation Code 'A')	18) Radius (km):	19) Airport Identifier:	20) Site Status:
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) - -		NAD83 () <u>N</u> or <u>S</u>	22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) - -
			NAD83 () <u>E</u> or <u>W</u>
23) Do you propose to operate in an area that requires frequency coordination with Canada? () Yes <u>No</u>			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (N) Yes <u>No</u> If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 2	
3) Location Description: FB2		4) Area of Operation Code:	
		5) Location Name: Cat Springs	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): 1054769			
7) Latitude (DD-MM-SS.S): - -		8) Longitude (DDD-MM-SS.S): - -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description: on FM1094 2.5 mi.NNW of FM949			
10) City: Cat Springs		11) State: TX	
		12) County/Borough/Parish: Austin	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 106.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 113.7	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 118.9	
16) Support Structure Type: NNTANN			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	
		19) Airport Identifier:	
		20) Site Status:	
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) - -		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) - -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? (N) <u>Yes</u> <u>No</u>			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (N) <u>Yes</u> <u>No</u>			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 3	
3) Location Description: 6.1		4) Area of Operation Code:	
5) Location Name: Control station			
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): - -		8) Longitude (DDD-MM-SS.S): - -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):			
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	
19) Airport Identifier:		20) Site Status:	
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) - -		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) - -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <u>No</u>			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (N) <u>Yes</u> <u>No</u>			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

Wireless Telecommunications Bureau Schedule for
Station Locations and Antenna Structures

1) Action Requested: (A) <u>Add</u> <u>Mod</u> <u>Del</u>		2) Location Number: 4	
3) Location Description: MO		4) Area of Operation Code:	
		5) Location Name: mobiles	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): - -		8) Longitude (DDD-MM-SS.S): - -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
		12) County/Borough/Parish:	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example):		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	
		19) Airport Identifier:	
		20) Site Status:	
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		22) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)	
- -		- -	
NAD83 () <u>N</u> or <u>S</u>		NAD83 () <u>E</u> or <u>W</u>	
23) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <u>No</u>			
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: ___ Hand Held ___ Mobile ___ Temporary Fixed ___ Aircraft ___ Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. () <u>Yes</u> <u>No</u>			
27) If the proposed site is located in one of the quiet zones listed in Item 27 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified: ___/___/___			

**Technical Data Schedule for the
Private Land Mobile and Land Mobile Broadcast Auxiliary
Radio Services (Parts 90 and 74)**

Eligibility

1) Rule Section:	2) Describe Activity:
------------------	-----------------------

Frequency Coordinator Information (if not self-coordinated)

3) Frequency Coordination Number	4) Name of Frequency Coordinator	5) Telephone Number	6) Coordination Date
		() -	
7) Has this application been successfully coordinated?			() Yes/No

Extended Implementation (Slow Growth)

8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule.	() Yes/No
---	------------

Associated Call Signs (Attach additional sheets if required)

9)				

Broadcast Auxiliary Only

If there is an associated Parent Station, complete items 10-12.	10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State of Parent Station Principal Community:
13) If there is no associated parent station, this applicant is a: () <u>Broadcast Network Entity</u> <u>Television Cable Operator</u> <u>Motion Picture Producer</u> <u>Television Producer</u>			14) State of Primary Operation:

Control Point(s) (Other than at the transmitter) (Attach additional sheets if required)

15) Action A/M/D	16) Control Point Number	17) Location Street Address, City or Town, County/Borough/Parish, State	18) Telephone Number
A	1	406 Caroline Houston Harris TX	(713) 755-6037

Frequency Information

28) Action () A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
A	1	1	Existing (if mod)	New 866.33750000	FB2	1		100.000	164.300	12K5F7W
A	1	1	Existing (if mod)	New 866.41250000	FB2	1		100.000	164.300	12K5F7W
A	1	1	Existing (if mod)	New 866.81250000	FB2	1		100.000	164.300	12K5F7W
A	1	1	Existing (if mod)	New 867.33750000	FB2	1		100.000	164.300	12K5F7W
A	1	1	Existing (if mod)	New 868.33750000	FB2	1		100.000	164.300	12K5F7W
A	1	1	Existing (if mod)	New 868.80000000	FB2	1		100.000	164.300	12K5F7W
A	2	1	Existing (if mod)	New 866.12500000	FB2	1		100.000	252.000	12K5F7W
A	2	1	Existing (if mod)	New 866.58750000	FB2	1		100.000	252.000	12K5F7W
A	2	1	Existing (if mod)	New 867.08750000	FB2	1		100.000	252.000	12K5F7W
A	2	1	Existing (if mod)	New 868.06250000	FB2	1		100.000	252.000	12K5F7W
A	2	1	Existing (if mod)	New 868.30000000	FB2	1		100.000	252.000	12K5F7W
A	2	1	Existing (if mod)	New 868.58750000	FB2	1		100.000	252.000	12K5F7W
A	3	1	Existing (if mod)	New 821.12500000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 821.33750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 821.41250000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 821.58750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 821.81250000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 822.08750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 822.33750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 823.06250000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 823.30000000	FX1	200		15.000	10.000	12K5F7W

Frequency Information

28) Action () A/W/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
A	3	1	Existing (if mod)	New 823.33750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 823.58750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 823.80000000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 866.12500000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 866.33750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 866.41250000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 866.58750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 866.81250000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 867.08750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 867.33750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 868.06250000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 868.30000000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 868.33750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 868.58750000	FX1	200		15.000	10.000	12K5F7W
A	3	1	Existing (if mod)	New 868.80000000	FX1	200		15.000	10.000	12K5F7W
A	4	1	Existing (if mod)	New 821.12500000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 821.33750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 821.41250000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 821.58750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 821.81250000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 822.08750000	MO	10000		30.000	30.000	12K5F7W

Frequency Information

28) Action () A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
A	4	1	Existing (if mod)	New 822.33750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 823.06250000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 823.30000000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 823.33750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 823.58750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 823.80000000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 866.12500000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 866.33750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 866.41250000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 866.58750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 866.81250000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 867.08750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 867.33750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 868.06250000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 868.30000000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 868.33750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 868.58750000	MO	10000		30.000	30.000	12K5F7W
A	4	1	Existing (if mod)	New 868.80000000	MO	10000		30.000	30.000	12K5F7W
			Existing (if mod)	New						
			Existing (if mod)	New						
			Existing (if mod)	New						

Apco Fee Apco Use Only	Loc#	Ant#	A D D	M o D	D E L	TRANSMIT FREQUENCY	RECEIVE FREQUENCY	ANT DOWN TILT	SQUELCH TONI S
	1	1	X			866.33750000	821.33750000		
	1	1	X			866.41250000	821.41250000		
	1	1	X			866.81250000	821.81250000		
	1	1	X			867.33750000	822.33750000		
	1	1	X			868.33750000	823.33750000		
	1	1	X			868.80000000	823.80000000		
	2	1	X			866.12500000	821.12500000		
	2	1	X			866.58750000	821.58750000		
	2	1	X			867.08750000	822.08750000		
	2	1	X			868.06250000	823.06250000		
	2	1	X			868.30000000	823.30000000		
	2	1	X			868.58750000	823.58750000		
	3	1	X			821.12500000	866.12500000		
	3	1	X			821.33750000	866.33750000		
	3	1	X			821.41250000	866.41250000		
	3	1	X			821.58750000	866.58750000		
	3	1	X			821.81250000	866.81250000		
	3	1	X			822.08750000	867.08750000		
	3	1	X			822.33750000	867.33750000		
	3	1	X			823.06250000	868.06250000		
	3	1	X			823.30000000	868.30000000		
	3	1	X			823.33750000	868.33750000		
	3	1	X			823.58750000	868.58750000		
	3	1	X			823.80000000	868.80000000		
	3	1	X			866.12500000	866.12500000		
	3	1	X			866.33750000	866.33750000		
	3	1	X			866.41250000	866.41250000		
	3	1	X			866.58750000	866.58750000		
	3	1	X			866.81250000	866.81250000		
	3	1	X			867.08750000	867.08750000		
	3	1	X			867.33750000	867.33750000		
	3	1	X			868.06250000	868.06250000		
	3	1	X			868.30000000	868.30000000		
	3	1	X			868.33750000	868.33750000		
	3	1	X			868.58750000	868.58750000		
	3	1	X			868.80000000	868.80000000		
	4	1	X			821.12500000	866.12500000		
	4	1	X			821.33750000	866.33750000		
	4	1	X			821.41250000	866.41250000		
	4	1	X			821.58750000	866.58750000		
	4	1	X			821.81250000	866.81250000		
	4	1	X			822.08750000	867.08750000		

Apco Fee Apco Use Only	Loc#	Ant#	A D D	M o D	D E L	TRANSMIT FREQUENCY	RECEIVE FREQUENCY	ANT DOWN TILT	SQUELCH TONES
	4	1	X			822.33750000	867.33750000		
	4	1	X			823.06250000	868.06250000		
	4	1	X			823.30000000	868.30000000		
	4	1	X			823.33750000	868.33750000		
	4	1	X			823.58750000	868.58750000		
	4	1	X			823.80000000	868.80000000		
	4	1	X			866.12500000	866.12500000		
	4	1	X			866.33750000	866.33750000		
	4	1	X			866.41250000	866.41250000		
	4	1	X			866.58750000	866.58750000		
	4	1	X			866.81250000	866.81250000		
	4	1	X			867.08750000	867.08750000		
	4	1	X			867.33750000	867.33750000		
	4	1	X			868.06250000	868.06250000		
	4	1	X			868.30000000	868.30000000		
	4	1	X			868.33750000	868.33750000		
	4	1	X			868.58750000	868.58750000		
	4	1	X			868.80000000	868.80000000		



APCO International

FDR-3 Form

AFC

Page 0 of 0

Automated Frequency Coordination
351 N. Williamson Blvd.
Daytona Beach, FL 32114-1112
(904) 322-2500

APCO ID# (APCO use only) _____

OFFICIAL NAME OF APPLICANT _____
Harris Court y, of _____

CONTACT NAME _____ E-MAIL _____
Steven W Jennings _____ steve.jennings@jtc.hct .net

FREQUENCY BAND PREFERRED

- | | |
|--|--|
| <input type="checkbox"/> VHF LOW BAND (30-50 MHz) | <input checked="" type="checkbox"/> NPSPAC (821-824/866-869 MHz) |
| <input type="checkbox"/> VHF HIGH BAND (150-174 MHz) | <input type="checkbox"/> 800 MHz (806-823/851-868 MHz) |
| <input type="checkbox"/> UHF BAND HIGH POWER (450-470 MHz) | <input checked="" type="checkbox"/> TRUNKED |
| <input type="checkbox"/> UHF BAND LOW POWER (450-470 MHz) | <input type="checkbox"/> CONVENTIONAL |
| <input type="checkbox"/> UHF TV BAND (470-512 MHz) | <input type="checkbox"/> SLOW GROWTH |

12 NO. OF FREQUENCIES REQUESTED

METHOD OF PAYMENT

*CHECK NO: _____ *PURCHASE ORDER/VOUCHER NO: _____

*CREDIT CARD PAYMENT: CREDIT CARD NO: _____

EXP. DATE: 11 _____ AMOUNT AUTHORIZED \$ _____

RECEIPT ADDRESS:

Name _____ Attn: _____

Street _____ City _____ State _____ Zip Code _____

***BILLING AUTHORIZATION (SIGNATURE AND BILLING ADDRESS REQUIRED):**

By signing below, authorization would be given for APCO to bill for the necessary APCO coordination fees according to the most current APCO fee schedule. It would be the responsibility of the signor to make payment when due.

DATE 11 _____

AUTHORIZED NAME (please print)

AUTHORIZED SIGNATURE

BILLING ADDRESS:

Name _____ Attn: _____

Street _____ City _____ State _____ Zip Code _____

COMPLY FULLY WITH ALL INSTRUCTIONS ON REVERSE SIDE

APPLICANT REMARKS:

(Enter pertinent information which will enable APCO to understand what you are trying to accomplish by this application.)