



MAS PATH DATA WORKSHEET

DATE: _____
APPLICANT: _____ CONTACT PERSON: _____
TELEPHONE NUMBER: _____ FAX NUMBER: _____
EMAIL: _____
Applicant Mailing Address: _____
CITY: _____ STATE: _____ ZIP CODE: _____
FCC Registration Number (FRN): _____ FCC FRN PASSWORD: _____
TAX ID NO. _____
Wireless Sales and Service Provider (WSSP): _____
WSSP Contact: _____
TELEPHONE NUMBER: _____ FAX NUMBER: _____

MASTER STATION

FREQUENCY/FREQUENCY BAND _____
TRANSMITTER SITE NAME: _____
TRANSMITTER SITE ADDRESS: _____
CITY: _____
COUNTY: _____
STATE: _____
LATITUDE: _____
LONGITUDE: _____
ANTENNA HEIGHT (METERS) TO TIP _____
ANTENNA SUPPORT STRUCTURE TYPE¹ _____
SUPPORT STRUCTURE HEIGHT TO TOP _____
RECEIVER HEIGHT (METERS)² _____
GROUND ELEVATION (METERS) _____
ERP (dBm)³: _____
EMISSION DESIGNATOR(s): _____
AUTOMATIC TRANSMITTER POWER (Y/N) _____
STATION CLASS (FXO/MO): _____
MO RADIUS _____

¹ If tower, registered or otherwise, identify type as: lattice, guyed wire, monopole or mast.
² Limited to 6.1m above ground level or certification that antenna height clears the FCC's TOWAIR utility.
³ The power supplied to an antenna multiplied by the relative gain of the antenna in a given direction.