

FEDERAL COMMUNICATIONS COMMISSION
Commission Registration System (CORES)
FORM 160 – CORES Registration Form

FCC USE ONLY
#

1. Entity Type: **01** 2. Business Entity Type (if applicable): _____

3. Business Entity Name: _____

3a. Salutation: _____ * First Name: _____ * Middle Initial: _____

* Last Name: _____ Suffix: _____

4. Doing Business or Trading As: _____

* 5. Taxpayer Identification Number / Social Security Number (9 digits): _____ -- --

6. Taxpayer Identification Number Exception Reason Code: _____

7. Contact Representative Organization/Company: _____

8. Contact Representative Position/Title: _____

9. Contact Representative First Name: _____ Middle Initial: _____

Contact Representative Last Name: _____

* 10. Address: _____

11. Address 2: _____

12. Address 3: _____

13. Address 4: _____

* 14. City: _____ * 15. State: _____ * 16. Zip Code: _____ - _____

17. Country: _____

* 18. Contact Representative Phone Number: _____ 19. FAX: _____

20. Contact Representative E-Mail: _____

* 21. Personal Security Question (select only one): 21a. Custom Personal Security Question (if applicable): _____

____ Mother's Maiden Name

____ City of Birth

____ Favorite Pet's Name

____ Corporate Internal Employee ID

____ Custom Personal Security Question

* 22. Personal Security Question Answer: _____

* 23. Certification Statement: I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information, and belief.

* Signature: _____ Date: _____ *

If you already have an FRN, you still will need to fill out #'s 21, 22, & 23