

**Quick-Form Application for Authorization in the Ship, Aircraft,  
Amateur, Restricted and Commercial Operator,  
and General Mobile Radio Services**

1) Radio Service Code: <b>CM</b>
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**Application Purpose** (Select only one) (**NE** )

2) <b>NE</b> – New <b>MD</b> – Modification <b>AM</b> – Amendment	<b>RO</b> – Renewal Only <b>RM</b> – Renewal / Modification <b>CA</b> – Cancellation of License	<b>WD</b> – Withdrawal of Application <b>DU</b> – Duplicate License <b>AU</b> – Administrative Update
3) If this request is for Developmental License or STA (Special Temporary Authorization) enter the appropriate code and attach the required exhibit as described in the instructions. Otherwise enter 'N' (Not Applicable).		(N/A) <b>D S N/A</b>
4) If this request is for an Amendment or Withdrawal of Application, 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, Duplicate License, or Administrative Update, enter the call sign (serial number for Commercial Operator) of the existing FCC license. If this is a request for consolidation of DO & DM Operator Licenses, enter serial number of DO. Also, if filing for a ship exemption, you must provide call sign.		Call Sign/Serial #
6) If this request is for a New, Amendment, Renewal Only, or Renewal Modification, enter the requested expiration date of the authorization (this item is optional).		MM DD
7) Does this filing request a Waiver of the Commission's rules? If 'Y', attach the required showing as described in the instructions.		( <b>N</b> ) <b>Yes No</b>
8) Are attachments (other than associated schedules) being filed with this application?		( <b>N</b> ) <b>Yes No</b>

**Applicant/Licensee Information**

9) FCC Registration Number (FRN): <b>See CORES Form 160</b>			
10) Applicant/Licensee legal entity type: (Select One)			
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
11) First Name (if individual): <b>*</b>	MI: <b>*</b>	Last Name: <b>*</b>	Suffix: <b>*</b>
12) Entity Name (if other than individual):			
13) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided? (N/A) <b>Yes No</b>			
14) Attention To: <b>Mailing Address Only Below</b>			
15) P.O. Box:	And/Or	16) Street Address:	
17) City: <b>*</b>	18) State: <b>*</b>	19) Zip Code/Postal Code: <b>*</b>	20) Country:
21) Telephone Number: <b>*</b>		22) FAX Number:	
23) E-Mail Address: <b>*</b>			

**Ship Applicants/Licensees Only**

24) Enter new name of vessel: _____ N/A _____
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**Aircraft Applicants/Licensees Only**

25) Enter the new FAA Registration Number (the N-number): _____ N/A _____ <b>NOTE:</b> Do not enter the leading "N".
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**Fee Status**

26) Is the applicant/licensee exempt from FCC application Fees?	( <u>N</u> ) <u>Yes</u> <u>No</u>
27) Is the applicant/licensee exempt from FCC regulatory Fees?	( <u>N</u> ) <u>Yes</u> <u>No</u>

**General Certification Statements**

1) The applicant/licensee 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/licensee 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.
3) Neither the applicant/licensee nor any member thereof is a foreign government or a representative thereof.
4) The applicant/licensee certifies that neither the applicant/licensee nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 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. <b>This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c).</b> See Section 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) Amateur or GMRS applicant/licensee certifies that the construction of the station would NOT be an action which is likely to have a significant environmental effect (see the Commission's rules 47 CFR Sections 1.1301-1.1319 and Section 97.13(a) rules (available at web site <a href="http://wireless.fcc.gov/rules.html">http://wireless.fcc.gov/rules.html</a> ).
6) Amateur applicant/licensee certifies that they have READ and WILL COMPLY WITH Section 97.13(c) of the Commission's rules (available at web site <a href="http://wireless.fcc.gov/rules.html">http://wireless.fcc.gov/rules.html</a> ) regarding RADIOFREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/OET Bulletin Number 65 (available at web site <a href="http://www.fcc.gov/oet/info/documents/bulletins/">http://www.fcc.gov/oet/info/documents/bulletins/</a> ).

**Certification Statements For GMRS Applicants/Licensees**

1) Applicant/Licensee certifies that he or she is claiming eligibility under Rule Section 95.5 of the Commission's rules.
2) Applicant/Licensee certifies that he or she is at least 18 years of age.
3) Applicant/Licensee certifies that he or she will comply with the requirement that use of frequencies 462.650, 467.650, 462.700 and 467.700 MHz is not permitted near the Canadian border North of Line A and East of Line C. These frequencies are used throughout Canada and harmful interference is anticipated.
4) Non-Individual applicants/licensees certify that they have NOT changed frequency or channel pairs, type of emission, antenna height, location of fixed transmitters, number of mobile units, area of mobile operation, or increase in power.

**Certification Statements for Ship Applicants/Licensees (Including Ship Exemptions)**

1) Applicant/Licensee certifies that they are the owner or operator of the vessel, a subsidiary communications corporation of the owner or operator of the vessel, a state or local government subdivision, or an agency of the US Government subject to Section 301 of the Communications Act.
2) This application is filed with the understanding that any action by the Commission thereon shall be limited to the voyage(s) described herein, and that apart from the provisions of the specific law from which the applicant/licensee requests an exemption, the vessel is in full compliance with all applicable statutes, international agreements and regulations.

**Signature**

28) Typed or Printed Name of Party Authorized to Sign

First Name: *	MI: *	Last Name: *	Suffix: *
29) Title:			
Signature: *			30) Date: *

**Failure to Sign This Application May Result in Dismissal Of The Application And Forfeiture Of Any Fees Paid**

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

**Schedule for Additional Data for the Commercial Radio,  
Restricted Radiotelephone, and  
Restricted Radiotelephone-Limited Use Radio Services**

**LICENSE TYPE / ENDORSEMENTS INFORMATION**

\* **1) Operator Class Code:** Check only one operator class -Do not apply for more than one kind of license on a single application.

General Radiotelephone Operator License (PG)	First Class Radiotelegraph Operator's Certificate (T1)
GMDSS Radio Operator's License (DO)	Second Class Radiotelegraph Operator's Certificate (T2)
GMDSS Radio Maintainer's License (DM)	Third Class Radiotelegraph Operator's Certificate (T3)
GMDSS Radio Operator/ Maintainer License (DB)	Restricted Radiotelephone Operator Permit (RR)
GMDSS Restricted Radio Operator License (RG)	Restricted Radiotelephone Operator Permit-Limited Use (RL)
Marine Radio Operator Permit (MP)	

1a) If requesting consolidation of DO & DM Operator licenses, enter serial number of DM: \_\_\_\_\_

2) **Endorsement Type** (Check endorsements that apply)

Ship Radar Endorsement (Attach documentation.) (See instructions).
Six Months Service Endorsement (Attach documentation as required by 47 C.F.R. § 13.9(e)). (See Instructions).

3) **Certification Category**

\*

Are you eligible for employment in the United States?  YES  NO Date of Birth: \_\_\_\_ (mm)/ \_\_\_\_ (dd)/ \_\_\_\_ (yyyy)

\* \* \*

Check only ONE of the three certification categories below, as appropriate

\* **CERTIFICATION FOR LICENSES AND ENDORSEMENTS OTHER THAN RESTRICTED RADIOTELEPHONE**

I certify that:  
I do not have a speech impediment, blindness, acute deafness, or any other disability which will impair or handicap me in properly using the license for which I am applying.

**OR**

**CERTIFICATION FOR RESTRICTED RADIOTELEPHONE OPERATOR PERMIT**

I certify that:  
I can keep at least a rough written log.  
I can speak and hear.  
I am familiar with the provisions of the applicable laws, treaties, rules, and regulations governing the radio station which will be operated.  
I need this permit because of intent to engage in international voyages or flights, international communications, or intent to comply with the requirements of the Vessel Bridge-to-Bridge Radiotelephone Act.

**OR**

**CERTIFICATION FOR RESTRICTED RADIOTELEPHONE OPERATOR PERMIT-LIMITED USE**

I certify that:  
I can keep at least a rough written log.  
I can speak and hear.  
I am familiar with the provisions of the applicable laws, treaties, rules, and regulations governing the radio station which will be operated.  
I need this permit because of intent to engage in international voyages or flights, international communications, or intent to comply with the requirements of the Vessel Bridge-to-Bridge Radiotelephone Act.  
I hold an aircraft pilot certificate which is valid in the United States or an FCC Radio Station License issued in my name. I am NOT eligible for employment in the United States. (All U.S. citizens are considered, for the purposes of this application, to be legally eligible for employment in the U.S.)



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