

**FCC Form 854
 Main Form**

Approved by OMD – 3060-0139
 See instructions for public burden estimate

Application for Antenna Structure Registration

Purpose of Filing

1) Enter the application purpose: (OC)	
AM – Amendment of a Pending Application AU – Administrative Update CA – Cancellation of an Antenna Structure Registration DI – Notification of an Antenna Structure Dismantlement DU – Request for a Duplicate Antenna Structure Registration MD – Modification of a Antenna Structure Registration	NE – Registration of a New Antenna Structure NT – Required Construction/Alteration Notification OC – Ownership Change RE – Registration of a Replacement Antenna Structure WD – Withdrawal of a Pending Application
2a) If the answer to 1 is AU, CA, DI, DU, MD, NT, OC or RE, provide the FCC Antenna Structure Registration (ASR) Number.	FCC ASR Number: 1007804
2b) If the answer to 1 is AM or WD, provide the File Number of the pending application on file.	File Number:
2c) If the answer to 1 is MD or NT, provide the date the Antenna Structure was constructed or the date it was last altered (mm/dd/yyyy).	Date:
2d) If the answer to 1 is DI, provide the date the Antenna Structure was dismantled (mm/dd/yyyy).	Date:

Antenna Structure Ownership Information

3) Select one of the entity types:			
(<input checked="" type="checkbox"/>) Individual	(<input type="checkbox"/>) Unincorporated Association	(<input type="checkbox"/>) Trust	(<input type="checkbox"/>) Government Entity
(<input type="checkbox"/>) Corporation	(<input type="checkbox"/>) Limited Liability Company	(<input type="checkbox"/>) General Partnership	(<input type="checkbox"/>) Limited Partnership
(<input type="checkbox"/>) Consortium	(<input type="checkbox"/>) Limited Liability Partnership	(<input type="checkbox"/>) Other: _____	
4) FCC Registration Number (FRN): 0003782430		5) Assignor FCC Registration Number (FRN): 0023023062	
6) First Name (if individual): Keith	MI: D	Last Name: Learn	Suffix:
7) Legal Entity Name (if not an individual):			
8) Attention To:		9) P.O. Box:	And/Or
10a) Street Address 1: 816 W. 6TH ST		10b) Street Address 2:	
11) City: Parker	12) State: AZ	13) Zip Code: 85344	
14) Telephone Number (xxx-xxx-xxxx): (982) 669-9274		15) Fax Number: (xxx-xxx-xxxx):	
16) E-mail Address: keithlearn@klpz1380.com			