

800 MHz Reconfiguration – Point of Contact (POC) Form

To facilitate receipt of important mailings from the TA regarding your license(s) and 800 MHz Reconfiguration, please submit accurate point of contact information to the TA using this Form. Please TYPE or PRINT the information clearly. **Please submit this Form to the TA as soon as possible.**

Licensee Organization Name: _____

TA ID (For TA Use Only):

1. Provide your contact information in the space below:

| Primary Contact | |
|--|--|
| Name | |
| Title | |
| Organization (If different from licensee organization) | |
| Main Telephone | |
| Alternative # (mobile) | |
| Fax | |
| Email | |
| Street Address/PO Box | |
| City | |
| State | |
| ZIP Code | |
| Comments | |

| Secondary Contact | |
|--|--|
| Name | |
| Title | |
| Organization (If different from licensee organization) | |
| Main Telephone | |
| Alternative # (mobile) | |
| Fax | |
| Email | |
| Street Address/PO Box | |
| City | |
| State | |
| ZIP Code | |
| Comments | |

The TA reminds licensees that representations made to the TA are held to the same requirement of truth and candor as representations made to the FCC.

INSTRUCTIONS FOR COMPLETING THE POINT OF CONTACT (POC) FORM

This form needs to be filled out by the licensee of record with the FCC, not by third-party vendors. Please note that the TA and Nextel both require POC information, and plan to share official contact data for reconfiguration. The contact information you provide on this Form may be shared with Nextel strictly for 800 MHz reconfiguration purposes. **Please submit this Form to the TA as soon as possible.**

The Licensee Organization Name/TA ID fields are pre-filled and are for TA use only.

1. Provide your contact information in the space provided.

Identify two individuals that will serve as your organization's primary and secondary contacts during reconfiguration of the 800 MHz band. Please provide the information requested in the space provided. Should you require additional space, you may make additional comments on a separate sheet and attach it to the Form.

Primary Contact: Please provide the name and contact information of the person that will serve as your organization's primary point of contact to the TA for 800 MHz band reconfiguration.

Secondary Contact: Please identify an individual that will serve as an alternative point of contact for the TA should the Primary Contact not be available.

2. Provide your call signs in the space provided.

You may have licenses in the name of subsidiary organizations or divisions. If you expect to reconfigure those systems concurrently with systems from the organization on this Form, and want them to use the same point of contact, please enter any call signs for all such organizations under the same licensee organization name in this Form.

3. Sign and date the Form.

Electronic signatures, if used, are deemed valid and binding to the fullest extent permitted by law.

4. Return the completed Form to the TA.

You may email a scanned copy of this Form to comments@800TA.org or fax a copy to the TA at 888-701-4380.